

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Lonegan For Congress

ADDRESS (number and street)

5 Halifax Ct

Check if different  
than previously  
reported. (ACC)

Marlton

NJ

08053

2. FEC IDENTIFICATION NUMBER ▼

C

C00555284

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NJ

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

05

D D /

15

Y Y Y Y /

2014

through

M M /

06

D D /

30

Y Y Y Y /

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Elizabeth D Curtis

Signature of Treasurer

Ms. Elizabeth D Curtis

[Electronically Filed]

Date

M M /

12

D D /

29

Y Y Y Y /

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Lonegan For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	142827.69	649260.44
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	142827.69	649260.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	480469.97	1148106.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	97.56	722.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	480372.41	1147383.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	23352.29	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	410115.96	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Lonegan For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

43896.83

234564.51

(ii) Unitemized.....

90265.86

397280.93

(iii) TOTAL of contributions from individuals ▶

134162.69

631845.44

**(b) Political Party Committees.....**

65

65

**(c) Other Political Committees (such as PACs).....**

11000

14750

**(d) The Candidate.....**

-2400

2600

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

142827.69

649260.44

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....****13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

200000

496500

**(b) All Other Loans.....****(c) TOTAL LOANS****(add Lines 13(a) and (b)).....**

200000

496500

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

97.56

722.29

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

25100.59

25100.59

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

368025.84

1171583.32

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	480469.97	1148106.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs) .....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	480469.97	1148106.03

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	135796.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	368025.84
25. SUBTOTAL (add Line 23 and Line 24).....	503822.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	480469.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	23352.29

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr. Richard A Akers**

Mailing Address **476 Joralemon St Apt B-1**

City	State	Zip Code
Belleville	NJ	07109-1866

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Essex Co Golf Course**

Occupation  
**Range Manager**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**400**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

**Transaction ID : SA11Ai-CN72281**

Amount of Each Receipt this Period

**100**

B. Full Name (Last, First, Middle Initial)  
**Mrs Janet Allison**

Mailing Address **5825 SW 28th St**

City	State	Zip Code
Topeka	KS	66614-2418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Topeka Lutheran School**

Occupation  
**Teacher**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**346**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

**Transaction ID : SA11Ai-CN73053**

Amount of Each Receipt this Period

**35**

C. Full Name (Last, First, Middle Initial)  
**Ms Karen Anderson**

Mailing Address **315 W 2nd Ave**

City	State	Zip Code
Saint John	KS	67576-1905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Requested**

Occupation  
**Requested**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**580**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

**Transaction ID : SA11Ai-CN73761**

Amount of Each Receipt this Period

**100**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**235.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 155

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial) <b>Mr. Jon M Aneson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>05 / 23 / 2014</b>
Mailing Address <b>952 Jennifer Ln</b>		<b>Transaction ID : SA11Ai-CN72256</b>
City <b>Manahawkin</b>	State <b>NJ</b>	
Zip Code <b>08050</b>		Amount of Each Receipt this Period <b>600</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> <b>600</b>
Name of Employer <b>Seahawk Systems</b>	Occupation <b>President</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2600</b>	

Full Name (Last, First, Middle Initial) <b>MR Chris Armbrust</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>05 / 15 / 2014</b>
Mailing Address <b>27w320 Roosevelt Rd</b>		<b>Transaction ID : SA11Ai-CN72484</b>
City <b>Winfield</b>	State <b>IL</b>	
Zip Code <b>60190-1542</b>		Amount of Each Receipt this Period <b>50</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> <b>50</b>
Name of Employer <b>SELF</b>	Occupation <b>Requested</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>265</b>	

Full Name (Last, First, Middle Initial) <b>Mr. Scott J Aruta</b>		Date of Receipt M M / D D / Y Y Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address <b>33c Parkway Dr</b>		<b>Transaction ID : SA11Ai-CN71909</b>
City <b>Clark</b>	State <b>NJ</b>	
Zip Code <b>07066</b>		Amount of Each Receipt this Period <b>100</b>
FEC ID number of contributing federal political committee. <b>C</b>		<b>Amount of Each Receipt this Period</b> <b>100</b>
Name of Employer <b>Shading Systems Inc</b>	Occupation <b>Executive</b>	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>225</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**A. Full Name (Last, First, Middle Initial)  
**Ms. Lynda Bachman**Mailing Address **7824 Laurel Ave**

City	State	Zip Code
Cincinnati	OH	45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HomemakerOccupation  
Homemaker

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11Ai-CN72388

Amount of Each Receipt this Period

2500

B. Full Name (Last, First, Middle Initial)  
**Ms De Ette Ette Barner**Mailing Address **718 La Portada St**

City	State	Zip Code
South Pasadena	CA	91030-3627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

238

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73287

Amount of Each Receipt this Period

113

C. Full Name (Last, First, Middle Initial)  
**Mr. Herbert Becker**Mailing Address **1133 Union School Rd**

City	State	Zip Code
Ava	IL	62907-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SA11Ai-CN72730

Amount of Each Receipt this Period

300

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2913.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr William Beutel**

Mailing Address 5 Ginger Lake Dr W

City

Glen Carbon

State

IL

Zip Code

62034-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74236

Amount of Each Receipt this Period

35

Full Name (Last, First, Middle Initial)

**MR Robert E Bledsoe**

Mailing Address S5240 Damar Private Dr

City

Eau Claire

State

WI

Zip Code

54701-9974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

228

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73737

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mr. Guy W Bock**

Mailing Address 6 Carton Rd

City

Morristown

State

NJ

Zip Code

07960-6341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2014

Transaction ID : SA11Ai-CN72392

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

335.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 155

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR Harold G Brown**

Mailing Address 1336 Walnut St

City State Zip Code  
Kingman KS 67068-1061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

**Transaction ID : SA11Ai-CN72526**

Amount of Each Receipt this Period

100

**B.** Full Name (Last, First, Middle Initial)  
**MR Harold G Brown**

Mailing Address 1336 Walnut St

City State Zip Code  
Kingman KS 67068-1061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

**Transaction ID : SA11Ai-CN74218**

Amount of Each Receipt this Period

100

**C.** Full Name (Last, First, Middle Initial)  
**MRS Susan Brunoff**

Mailing Address 334 W Cedar St

City State Zip Code  
New Holland PA 17557-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
280

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

**Transaction ID : SA11Ai-CN73292**

Amount of Each Receipt this Period

35

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

235.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>John P Burk</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 2015 Creek Rd		<b>Transaction ID : SA11Ai-CN71854</b>	
City Hainesport	State NJ	Zip Code 08036	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100	
Name of Employer retired	Occupation none		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr John A Butler</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 1005 Augusta Ave		<b>Transaction ID : SA11Ai-CN73181</b>	
City Wausau	State WI	Zip Code 54403-3340	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100	
Name of Employer Self	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ms Joyce Caraway</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 123 Erin Dr		<b>Transaction ID : SA11Ai-CN72691</b>	
City Kerrville	State TX	Zip Code 78028-4826	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 255		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		250.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs Rosalie Chambers**

Mailing Address 8 Shetland Rd

City State Zip Code  
 Florham Park NJ 07932-1812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 RETIRED retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74338

Amount of Each Receipt this Period

25
----

**B.** Full Name (Last, First, Middle Initial)  
**Ms Dicey S Childers**

Mailing Address 8517 Joy Rd

City State Zip Code  
 Blountsville AL 35031-4489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Owner Christian Bookstore

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 690

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73272

Amount of Each Receipt this Period

130
-----

**C.** Full Name (Last, First, Middle Initial)  
**Ms Dicey S Childers**

Mailing Address 8517 Joy Rd

City State Zip Code  
 Blountsville AL 35031-4489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Owner Christian Bookstore

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 820

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73754

Amount of Each Receipt this Period

130
-----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

285.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MRS Joan K Chitea**

Mailing Address 1980 Silverleaf Cir Unit M207

City

Carlsbad

State

CA

Zip Code

92009-8444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2014

Transaction ID : SA11Ai-CN73231

Amount of Each Receipt this Period

35

Full Name (Last, First, Middle Initial)

**MR Martin Collins**

Mailing Address 148 Stone Manor Dr

City

Somerset

State

NJ

Zip Code

08873-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2014

Transaction ID : SA11Ai-CN74089

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**MR William Condron**

Mailing Address 7341 E 42nd St

City

Tucson

State

AZ

Zip Code

85730-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2075

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11Ai-CN72736

Amount of Each Receipt this Period

300

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

435.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**MR William Condron**

Mailing Address 7341 E 42nd St

City	State	Zip Code
Tucson	AZ	85730-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2475

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74286

Amount of Each Receipt this Period

400

B. Full Name (Last, First, Middle Initial)  
**Mrs Adele M Corbett**

Mailing Address 60 Pine Ridge Rd

City	State	Zip Code
East Falmouth	MA	02536-5215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11Ai-CN73487

Amount of Each Receipt this Period

200

C. Full Name (Last, First, Middle Initial)  
**Ms. Elizabeth D Curtis**

Mailing Address 5 Halifax Ct E

City	State	Zip Code
Marlton	NJ	08053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**Lonegan for Congress**

Occupation  
**Treasurer**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

260

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2014

Transaction ID : SA11Ai-CN71824

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs Mary Czech**

Mailing Address 1105 Waikiki Dr

City

Forked River

State

NJ

Zip Code

08731-4733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CATALENT

Occupation

SALESPERSONS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73296

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**B. Mr Robert A Davis**

Mailing Address PO Box 293

City

Lanoka Harbor

State

NJ

Zip Code

08734-0293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11Ai-CN73543

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**C. Mr. John W Day**

Mailing Address 614 Runyon Ave

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IEEE

Occupation

Director

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : SA11Ai-CN71815

Amount of Each Receipt this Period

200

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MRS Helen R Decker**

Mailing Address PO Box 170009

City

Arlington

State

TX

Zip Code

76003-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN72931

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Ms. Georgette Denlinger**

Mailing Address 10 Geranium Dr

City

Marlton

State

NJ

Zip Code

08053-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1933

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN72272

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Ms. Georgette Denlinger**

Mailing Address 10 Geranium Dr

City

Marlton

State

NJ

Zip Code

08053-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2133

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2014

Transaction ID : SA11Ai-CN72366

Amount of Each Receipt this Period

200

**SUBTOTAL** of Receipts This Page (optional).....

600.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**A. Full Name (Last, First, Middle Initial)  
**Ms. Georgette Denlinger**

Mailing Address 10 Geranium Dr

City	State	Zip Code
Marlton	NJ	08053-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2233

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73713

Amount of Each Receipt this Period

100

B. Full Name (Last, First, Middle Initial)  
**Ms. Georgette Denlinger**

Mailing Address 10 Geranium Dr

City	State	Zip Code
Marlton	NJ	08053-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2283

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN72430

Amount of Each Receipt this Period

50

C. Full Name (Last, First, Middle Initial)  
**Miss Barbara Desaussure**

Mailing Address 3842 Brookdale Blvd

City	State	Zip Code
Castro Valley	CA	94546-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : SA11Ai-CN74034

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Paul Dinofrio**

Mailing Address 7708 Briar Ln

City

Bellaire

State

MI

Zip Code

49615-9203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

234

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN74011

Amount of Each Receipt this Period

60

Full Name (Last, First, Middle Initial)

**Mr Garnett M Dow**

Mailing Address 214 Vanderpool Ln

City

Houston

State

TX

Zip Code

77024-6142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74327

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Mr James Downey**

Mailing Address 2600 Newbridge Rd

City

Los Altos

State

CA

Zip Code

94022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Self Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN72856

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

460.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial) <b>Mr James Downey</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 27 / 2014</b>
Mailing Address 2600 Newbridge Rd		<b>Transaction ID : SA11Ai-CN73297</b>
City Los Altos	State CA	
Zip Code 94022		Amount of Each Receipt this Period 100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400
Name of Employer Self Employed	Occupation Self Employed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400	

Full Name (Last, First, Middle Initial) <b>James Downey</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address 26000 Newbridge Dr		<b>Transaction ID : SA11Ai-CN72024</b>
City Los Altos Hills	State CA	
Zip Code 94022		Amount of Each Receipt this Period 400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400
Name of Employer altos sonoma corp.	Occupation president	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400	

Full Name (Last, First, Middle Initial) <b>Mr B Fabrycy</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address 855 W Crescent Ave		<b>Transaction ID : SA11Ai-CN72741</b>
City Allendale	State NJ	
Zip Code 07401-2113		Amount of Each Receipt this Period 200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400
Name of Employer None	Occupation None	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr. Arnold P Ferolito**

Mailing Address 101 Waters Edge Dr

City

Jupiter

State

FL

Zip Code

33477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RM Broadcasting LLC

Occupation  
Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M / D D / Y Y Y Y  
06 / 02 / 2014

Transaction ID : SA11Ai-CN72426

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**Ms Jane G Flynn**

Mailing Address 1840 Tice Creek Dr Apt 2105

City

Walnut Creek

State

CA

Zip Code

94595-2458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M / D D / Y Y Y Y  
05 / 19 / 2014

Transaction ID : SA11Ai-CN72778

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Mr William H Follmer**

Mailing Address 99-1647 Aiea Heights Dr

City

Aiea

State

HI

Zip Code

96701-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215

Date of Receipt

M M / D D / Y Y Y Y  
05 / 15 / 2014

Transaction ID : SA11Ai-CN72619

Amount of Each Receipt this Period

35

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1135.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr William H Follmer**

Mailing Address 99-1647 Aiea Heights Dr

City

Aiea

State

HI

Zip Code

96701-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

265

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SA11Ai-CN73447

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mr Dale Fortik**

Mailing Address 3009 Ray Ave

City

Caldwell

State

ID

Zip Code

83605-7103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74289

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Matthew Fortunato**

Mailing Address 21 Kilroy Rd

City

Newton

State

NJ

Zip Code

07860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ATD ConsultantsOccupation  
Consulting

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : SA11Ai-CN71932

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Samantha Fortunato**

Mailing Address **21 Kilroy Rd**

City <b>Newton</b>	State <b>NJ</b>	Zip Code <b>07860</b>
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Self</b>	Occupation <b>Logistics Planner</b>
---------------------------------	--

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
<b>05</b>		<b>31</b>		<b>2014</b>

Transaction ID : SA11Ai-CN72174

Amount of Each Receipt this Period

<b>500</b>
------------

**B.** Full Name (Last, First, Middle Initial)  
**Duane Fowler**

Mailing Address **PO Box 50081**

City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78763</b>
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Retired</b>	Occupation <b>Retired</b>
------------------------------------	------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
<b>05</b>		<b>30</b>		<b>2014</b>

Transaction ID : SA11Ai-CN72015

Amount of Each Receipt this Period

<b>250</b>
------------

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Tom Fredericksen**

Mailing Address **13463 Margo St**

City <b>Omaha</b>	State <b>NE</b>	Zip Code <b>68138-6184</b>
----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**235**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
<b>06</b>		<b>05</b>		<b>2014</b>

Transaction ID : SA11Ai-CN74708

Amount of Each Receipt this Period

<b>50</b>
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**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<b>800.00</b>
---------------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR Edward D Frick**

Mailing Address 2216 Wallace St

City Stroudsburg	State PA	Zip Code 18360-2809
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**210**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72531

Amount of Each Receipt this Period

<b>35</b>
-----------

**B.** Full Name (Last, First, Middle Initial)  
**MR Edward D Frick**

Mailing Address 2216 Wallace St

City Stroudsburg	State PA	Zip Code 18360-2809
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**245**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11Ai-CN73541

Amount of Each Receipt this Period

<b>35</b>
-----------

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James J Fulcomer**

Mailing Address 356 Roberts Ave

City Seaside Pk	State NJ	Zip Code 08752
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**225**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN72437

Amount of Each Receipt this Period

<b>25</b>
-----------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<b>95.00</b>
--------------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 155

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Don Gabianelli**

Mailing Address **47 Louise St**

City **Crossville** State **TN** Zip Code **38555-5486**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **560**

Date of Receipt

**06** / **06** / **2014**

**Transaction ID : SA11Ai-CN74716**

Amount of Each Receipt this Period

**35**

**B.** Full Name (Last, First, Middle Initial)  
**MRS Betty Gardner**

Mailing Address **1572 Goodin Hollow Rd**

City **Noel** State **MO** Zip Code **64854-7235**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **270**

Date of Receipt

**05** / **15** / **2014**

**Transaction ID : SA11Ai-CN72637**

Amount of Each Receipt this Period

**50**

**C.** Full Name (Last, First, Middle Initial)  
**MRS Betty Gardner**

Mailing Address **1572 Goodin Hollow Rd**

City **Noel** State **MO** Zip Code **64854-7235**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **320**

Date of Receipt

**06** / **06** / **2014**

**Transaction ID : SA11Ai-CN74243**

Amount of Each Receipt this Period

**50**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**135.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr. Philip Gibbs**

Mailing Address 231 Fellowship Rd

City	State	Zip Code
Moorestown	NJ	08057-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Gun Shop

Occupation  
VP-Retail Sales

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11Ai-CN72458

Amount of Each Receipt this Period

-1125

Returned Check

B. Full Name (Last, First, Middle Initial)  
**MS Lise M Goga**

Mailing Address 95-1089 Paemoku Pl

City	State	Zip Code
Mililani	HI	96789-6524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73751

Amount of Each Receipt this Period

100

C. Full Name (Last, First, Middle Initial)  
**MS Lise M Goga**

Mailing Address 95-1089 Paemoku Pl

City	State	Zip Code
Mililani	HI	96789-6524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

Transaction ID : SA11Ai-CN74608

Amount of Each Receipt this Period

250

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

-775.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

PAGE 25 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**A. MR Robert Gripenburg**

Mailing Address 179 Larch Ave

City	State	Zip Code
Dumont	NJ	07628-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

230

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SA11Ai-CN73464

Amount of Each Receipt this Period

35

Full Name (Last, First, Middle Initial)  
**B. Mr. Dennis Halterman**

Mailing Address 2632 Alden Rd Box 266

City	State	Zip Code
Bryn Athyn	PA	19009-0266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2014

Transaction ID : SA11Ai-CN72416

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)  
**C. Mr. Herbert O Hamby**

Mailing Address 1548 Franklin Cir

City	State	Zip Code
Dacula	GA	30019-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73324

Amount of Each Receipt this Period

300

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

385.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Miss Charlotte Harbs**

Mailing Address 6486 82nd Pl

City

Middle Village

State

NY

Zip Code

11379-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

230

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73400

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mrs. Carole H Hare**

Mailing Address 227 Fairview Ave

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN71846

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Ms Joyce M Harrison**

Mailing Address 4 Midland Ave

City

Budd Lake

State

NJ

Zip Code

07828-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Requested

Occupation

Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

639

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11Ai-CN73691

Amount of Each Receipt this Period

113

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

363.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ms Helen J Hauser</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2014	
Mailing Address 7 Mead Ter		<b>Transaction ID : SA11Ai-CN72380</b>	
City Glen Ridge	State NJ	Zip Code 07028	Amount of Each Receipt this Period 100
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Paul Heilman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 1354 Oakhurst Ave		<b>Transaction ID : SA11Ai-CN72060</b>	
City San Carlos	State CA	Zip Code 94070	Amount of Each Receipt this Period 250
FEC ID number of contributing federal political committee. C			
Name of Employer Twist Bioscience	Occupation Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Kristin B Herendeen</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 7 Maple Rd		<b>Transaction ID : SA11Ai-CN71843</b>	
City Chatham	State NJ	Zip Code 07928	Amount of Each Receipt this Period 500
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		850.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Rose M Hotz**

Mailing Address 806 S 6th St

City

Hot Springs

State

SD

Zip Code

57747-2841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Transaction ID : SA11Ai-CN72990

Amount of Each Receipt this Period

45

Full Name (Last, First, Middle Initial)

**Ms Rose M Hotz**

Mailing Address 806 S 6th St

City

Hot Springs

State

SD

Zip Code

57747-2841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

418

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : SA11Ai-CN74063

Amount of Each Receipt this Period

68

Full Name (Last, First, Middle Initial)

**Miss Katie Huffaker**

Mailing Address 8958 N Leonard St

City

Portland

State

OR

Zip Code

97203-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72660

Amount of Each Receipt this Period

20

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

133.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**A. Mr William Hunter Jr.**

Mailing Address 6 S Union Ave

City	State	Zip Code
Cherry Hill	NJ	08002-3329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

415

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11Ai-CN73554

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)  
**B. Mr Charles G Jackson**

Mailing Address 6940 Scenic Dr

City	State	Zip Code
Bloomsburg	PA	17815-8684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

Transaction ID : SA11Ai-CN74695

Amount of Each Receipt this Period

35

Full Name (Last, First, Middle Initial)  
**C. Mr Charles G Jackson**

Mailing Address 6940 Scenic Dr

City	State	Zip Code
Bloomsburg	PA	17815-8684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11Ai-CN74755

Amount of Each Receipt this Period

30

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

165.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr. Roger Jacobs**

Mailing Address 42 Upper Creek Rd

City	State	Zip Code
Stockton	NJ	08559-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RW Jacobs Consulting LLC

Occupation  
Consultant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN72271

Amount of Each Receipt this Period

250

B. Full Name (Last, First, Middle Initial)  
**Mr. Murray Jaffe**

Mailing Address 221 S Plaza Ct

City	State	Zip Code
Mount Pleasant	SC	29464-6302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SA11Ai-CN73700

Amount of Each Receipt this Period

100

C. Full Name (Last, First, Middle Initial)  
**Elisabeth A Jalinski**

Mailing Address 1439 Sauvignon Dr

City	State	Zip Code
Toms River	NJ	08753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker/Administrative Assistant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		25		2014

Transaction ID : SA11Ai-CN71836

Amount of Each Receipt this Period

2600

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Josh A Jalinski**

Mailing Address 1439 Sauvignon Dr

City State Zip Code  
Toms River NJ 08753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jalinski Advisory Group Inc.Occupation  
Financial Advisor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		25		2014

Transaction ID : SA11Ai-CN71834

Amount of Each Receipt this Period

2600

**B.** Full Name (Last, First, Middle Initial)  
**Eric Javits**

Mailing Address 150 Bradley Pl Apt 407

City State Zip Code  
Palm Beach FL 33480-3836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN73640

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Jim Johnson**

Mailing Address PO Box 1144

City State Zip Code  
Troy MT 59935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chlor RidOccupation  
marketing

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SA11Ai-CN68442

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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PAGE 32 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs Joyce E Jones**

Mailing Address 1302 NE Trilein Dr

City Ankeny	State IA	Zip Code 50021-4510
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**223**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73741

Amount of Each Receipt this Period

<b>53</b>
-----------

**B.** Full Name (Last, First, Middle Initial)  
**Zane Jones**

Mailing Address 405 Chrislyn

City Troy	State TX	Zip Code 76579
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer brookshire brothers	Occupation pharmacist
---	--------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : SA11Ai-CN71994

Amount of Each Receipt this Period

<b>1000</b>
-------------

**C.** Full Name (Last, First, Middle Initial)  
**M Jugovich**

Mailing Address 175 W Grand Ave

City Montvale	State NJ	Zip Code 07645-2019
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Information Requested
---	-------------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2014

Transaction ID : SA11Ai-CN74409

Amount of Each Receipt this Period

<b>200</b>
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**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

<b>1253.00</b>
----------------



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs Ferenc Kacsinta**  
 Mailing Address 7323 Cartwright Ave

City State Zip Code  
 Sun Valley CA 91352-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

398.83

Date of Receipt

M M / D D / Y Y Y Y  
 05 15 2014

Transaction ID : SA11Ai-CN72495

Amount of Each Receipt this Period

178.83

**B.** Full Name (Last, First, Middle Initial)  
**Mrs Ferenc Kacsinta**  
 Mailing Address 7323 Cartwright Ave

City State Zip Code  
 Sun Valley CA 91352-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

498.83

Date of Receipt

M M / D D / Y Y Y Y  
 06 06 2014

Transaction ID : SA11Ai-CN74188

Amount of Each Receipt this Period

100

**C.** Full Name (Last, First, Middle Initial)  
**MS Mary B Kasbohm**  
 Mailing Address 149 Fleetwood Ter

City State Zip Code  
 Buffalo NY 14221-4469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M / D D / Y Y Y Y  
 06 06 2014

Transaction ID : SA11Ai-CN74315

Amount of Each Receipt this Period

50

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

328.83

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS Nancy E Kays**  
 Mailing Address 2231 N Indian Hill Blvd

City State Zip Code  
 Claremont CA 91711-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RET CONTRACTOR

Occupation  
 RET CONTRACTOR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

215

Date of Receipt

M M / D D / Y Y Y Y  
 06 06 2014

Transaction ID : SA11Ai-CN74320

Amount of Each Receipt this Period

60

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Earl G Kendrick**  
 Mailing Address 3964 E Paradise View Dr

City State Zip Code  
 Paradise Valley AZ 85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SOFTWARE EXECUTIVE

Occupation  
 RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M / D D / Y Y Y Y  
 05 20 2014

Transaction ID : SA11Ai-CN68440

Amount of Each Receipt this Period

2600

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Randy Kendrick**  
 Mailing Address 3964 E Paradise View Dr

City State Zip Code  
 Paradise Valley AZ 85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M / D D / Y Y Y Y  
 05 20 2014

Transaction ID : SA11Ai-CN68439

Amount of Each Receipt this Period

2600

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5260.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MR David H Keyston**

Mailing Address PO Box 7066

City

Carmel

State

CA

Zip Code

93921-7066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN72941

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**MR David H Keyston**

Mailing Address PO Box 7066

City

Carmel

State

CA

Zip Code

93921-7066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74321

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**Mrs Carroll K King**

Mailing Address 2432 Windrow Dr

City

Princeton

State

NJ

Zip Code

08540-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKEROccupation  
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11Ai-CN73490

Amount of Each Receipt this Period

550

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr. Steven P King**

Mailing Address 39 William Penn Rd

City

Warren

State

NJ

Zip Code

07059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self - Jessy Seafoods USA LLC

Occupation

owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN72310

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Mr Allan P Kirby Jr**

Mailing Address PO Box 90

City

Mendham

State

NJ

Zip Code

07945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11Ai-CN72455

Amount of Each Receipt this Period

-2600

Returned Check

Full Name (Last, First, Middle Initial)

**Mr Robert Kittredge**

Mailing Address 622 N Dartmouth Rd

City

Spokane Valley

State

WA

Zip Code

99206-3821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73354

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

-2450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Richard Kley</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 4879 S Prestwick Cir		<b>Transaction ID : SA11Ai-CN72102</b>	
City Fayetteville	State AR	Zip Code 72704	Amount of Each Receipt this Period _____ 500
FEC ID number of contributing federal political committee. C _____			
Name of Employer Bold Dental	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Peter F Knipe</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 289 Mt Hope Ave G-15		<b>Transaction ID : SA11Ai-CN68457</b>	
City Dover	State NJ	Zip Code 07801	Amount of Each Receipt this Period _____ 100
FEC ID number of contributing federal political committee. C _____			
Name of Employer Fragomen	Occupation Procurement Supply Chain		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr Peter Kukk</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 1 Vincent Rd Apt 4a		<b>Transaction ID : SA11Ai-CN72283</b>	
City Bronxville	State NY	Zip Code 10708-6523	Amount of Each Receipt this Period _____ 50
FEC ID number of contributing federal political committee. C _____			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 650.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 155

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**Mr Robert P Lamb**

A. Mailing Address 500 Hooper Ave

City	State	Zip Code
Toms River	NJ	08753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SA11Ai-CN72257

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)  
**B. MRS Virginia Lapointe**

Mailing Address 20454 Rancho La Floresta Rd

City	State	Zip Code
Covina	CA	91724-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74297

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)  
**C. Mr Peter O Lawson-Johnston**

Mailing Address 215 Carter Rd

City	State	Zip Code
Princeton	NJ	08540-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

GUGGEHEIM BROTHERS

MGMT/EXECUTIVES

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11Ai-CN72383

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 39 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR Robert Leighton**

Mailing Address 1687 Lake Dr

City Heath	State OH	Zip Code 43056-1048
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
275

Date of Receipt

M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11Ai-CN72748

Amount of Each Receipt this Period

50
----

**B.** Full Name (Last, First, Middle Initial)  
**MR Robert Leighton**

Mailing Address 1687 Lake Dr

City Heath	State OH	Zip Code 43056-1048
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
325

Date of Receipt

M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11Ai-CN74248

Amount of Each Receipt this Period

50
----

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew S Leong**

Mailing Address 566 Commercial St

City San Francisco	State CA	Zip Code 94111-3028
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300

Date of Receipt

M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11Ai-CN73755

Amount of Each Receipt this Period

100
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**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

200.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 40 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MR Herbert Levin**

Mailing Address 724 E Grinnell Dr

City

Burbank

State

CA

Zip Code

91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CA Dept of Justice

Occupation

Lawyer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

625

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SA11Ai-CN72704

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**MR Herbert Levin**

Mailing Address 724 E Grinnell Dr

City

Burbank

State

CA

Zip Code

91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CA Dept of Justice

Occupation

Lawyer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74718

Amount of Each Receipt this Period

75

Full Name (Last, First, Middle Initial)

**Robert Lindner**

Mailing Address 3955 Montgomery Rd

City

Cincinnati

State

OH

Zip Code

45212-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : SA11Ai-CN74143

Amount of Each Receipt this Period

500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

625.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 41 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ms Lorraine Lovelace</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 4974 Rio Verde Dr		<b>Transaction ID : SA11Ai-CN74144</b>	
City San Jose	State CA	Zip Code 95118-2303	Amount of Each Receipt this Period 100
FEC ID number of contributing federal political committee. C		Name of Employer Retired	
Occupation Retired		Election Cycle-to-Date 450	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr David Loveland</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 709 Eayrestown Rd		<b>Transaction ID : SA11Ai-CN73563</b>	
City Lumberton	State NJ	Zip Code 08048-3176	Amount of Each Receipt this Period 50
FEC ID number of contributing federal political committee. C		Name of Employer RETIRED	
Occupation RETIRED		Election Cycle-to-Date 250	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ms Deanna Z Macek</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2014	
Mailing Address 115 Truman Blvd		<b>Transaction ID : SA11Ai-CN72170</b>	
City Oakland	State NJ	Zip Code 07436-2025	Amount of Each Receipt this Period 50
FEC ID number of contributing federal political committee. C		Name of Employer Self	
Occupation Health Care		Election Cycle-to-Date 500	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
<b>SUBTOTAL</b> of Receipts This Page (optional).....		200.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Mrs Mary Maker**

Mailing Address 609 N Oak St

City

Ponca City

State

OK

Zip Code

74601-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

335

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72661

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**B. Mr. Richard F Maragni**

Mailing Address 40 Spring Rd

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roman Asphalt Corp.

Occupation

Controller

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

408

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : SA11Ai-CN71813

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**C. Mr. Richard F Maragni**

Mailing Address 40 Spring Rd

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roman Asphalt Corp.

Occupation

Controller

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

508

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN72319

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**A. Full Name (Last, First, Middle Initial)  
**Mr. Richard F Maragni**

Mailing Address 40 Spring Rd

City	State	Zip Code
Livingston	NJ	07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roman Asphalt Corp.Occupation  
Controller

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

608

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11Ai-CN72398

Amount of Each Receipt this Period

100

B. Full Name (Last, First, Middle Initial)  
**Mrs. Beverly A Marinelli**

Mailing Address 28 Flemish Way

City	State	Zip Code
Lumberton	NJ	08048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

825

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2014

Transaction ID : SA11Ai-CN72350

Amount of Each Receipt this Period

100

C. Full Name (Last, First, Middle Initial)  
**Anthony S Marinello**

Mailing Address 417 Arneys Mt-birmingham Rd

City	State	Zip Code
Pemberton	NJ	08068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAS Group LLCOccupation  
Private Investigator

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2014

Transaction ID : SA11Ai-CN72414

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 44 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MR Robert T Martin**

Mailing Address 9 Diamond Dr

City

Key West

State

FL

Zip Code

33040-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
None

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN72929

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

**MR Robert T Martin**

Mailing Address 9 Diamond Dr

City

Key West

State

FL

Zip Code

33040-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
None

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2014

Transaction ID : SA11Ai-CN74505

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**MR Stefano A Masi**

Mailing Address 4 Squire Ct

City

Mahwah

State

NJ

Zip Code

07430-1580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASI BOYLE ASSOCIATES

Occupation

ADMINISTRATORS/OFF WORKERS

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : SA11Ai-CN74158

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 45 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. MRS Marie Matchok**

Mailing Address 12 Gull Cv

City

Brigantine

State

NJ

Zip Code

08203-1280

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73435

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**B. Dr Keith McLarnan**

Mailing Address 107 Dovercliff Rd

City

Hattiesburg

State

MS

Zip Code

39402-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73305

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**C. Mr. Mark McQuillan**

Mailing Address 1087A Prospect Ave.

City

Mountainside

State

NJ

Zip Code

07092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Contracting

Occupation

Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN72425

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 46 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**James Mcroberts**

Mailing Address 2937 Cape Henry Dr

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

armada hoffer construction company

Occupation

construction manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11Ai-CN71902

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Beverly McVey**

Mailing Address 11925 S 49th W Ave

City

Sapulpa

State

OK

Zip Code

74066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SA11Ai-CN72038

Amount of Each Receipt this Period

2000

Full Name (Last, First, Middle Initial)

**C. Mrs Mary L Meltzer**

Mailing Address 14 Edgecomb Rd

City

Binghamton

State

NY

Zip Code

13905-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SA11Ai-CN74545

Amount of Each Receipt this Period

400

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2650.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs Rosemary Mumbach**

Mailing Address 47 Glen St

City State Zip Code  
Springville NY 14141-1003

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
210

Date of Receipt

M M	D D	Y Y Y Y
05	29	2014

Transaction ID : SA11Ai-CN73513

Amount of Each Receipt this Period

75

**B.** Full Name (Last, First, Middle Initial)  
**Mr Theodore F Munday**

Mailing Address 16 Steven Rd

City State Zip Code  
Kendall Park NJ 08824-1421

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested  
None Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500

Date of Receipt

M M	D D	Y Y Y Y
06	01	2014

Transaction ID : SA11Ai-CN72375

Amount of Each Receipt this Period

500

**C.** Full Name (Last, First, Middle Initial)  
**Mr Clair J Murphy**

Mailing Address 1626 Ruth St N

City State Zip Code  
Saint Paul MN 55119-3064

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested  
Retired Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
230

Date of Receipt

M M	D D	Y Y Y Y
05	23	2014

Transaction ID : SA11Ai-CN73233

Amount of Each Receipt this Period

40

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

615.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 48 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms. Constance Murray**

Mailing Address 629 Devon Ave

City

Moorestown

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DeLaney Family Chiropractic

Occupation

Office manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN72264

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Ms Kathleen M Nakasuji**

Mailing Address 200 N 5th St

City

Alhambra

State

CA

Zip Code

91801-7442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Transaction ID : SA11Ai-CN73041

Amount of Each Receipt this Period

25

Full Name (Last, First, Middle Initial)

**MRS Louise Newhold**

Mailing Address 3900 Maris Ct

City

Bakersfield

State

CA

Zip Code

93313-3521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

206

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73780

Amount of Each Receipt this Period

53

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

178.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 49 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**A. MRS Mary J Noll**

Mailing Address 67 Woodside Dr

City	State	Zip Code
Lumberton	NJ	08048-5277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73328

Amount of Each Receipt this Period

75

Full Name (Last, First, Middle Initial)  
**B. Mrs Ruth H Northrup**

Mailing Address 8 Sands Point Rd

City	State	Zip Code
Washingtonville	NY	10992-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73330

Amount of Each Receipt this Period

75

Full Name (Last, First, Middle Initial)  
**C. MRS Helen Oberstar**

Mailing Address 512 Belden Hill Rd

City	State	Zip Code
Wilton	CT	06897-4221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72601

Amount of Each Receipt this Period

70

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

220.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 50 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MRS Helen Oberstar**

Mailing Address 512 Belden Hill Rd

City

Wilton

State

CT

Zip Code

06897-4221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

280

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11Ai-CN73604

Amount of Each Receipt this Period

70

Full Name (Last, First, Middle Initial)

**MR Richard R Olander**

Mailing Address 1742 N Fitzgerald Ln

City

Hanford

State

CA

Zip Code

93230-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

270

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72466

Amount of Each Receipt this Period

60

Full Name (Last, First, Middle Initial)

**MR Richard R Olander**

Mailing Address 1742 N Fitzgerald Ln

City

Hanford

State

CA

Zip Code

93230-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

340

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73950

Amount of Each Receipt this Period

70

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 51 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MISS Rosie Omlin**

Mailing Address 2743 Baker Rd

City

Modesto

State

CA

Zip Code

95358-8263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
DAIRY FARMER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SA11Ai-CN72707

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Joseph S Orrico**

Mailing Address 9 Meredith Ct

City

Monmouth Beach

State

NJ

Zip Code

07750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prop Blends LLCOccupation  
Sales

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : SA11Ai-CN71962

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Stephen Papazoglou**

Mailing Address 724 Morris Blvd

City

Toms River

State

NJ

Zip Code

08753-7228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
CPA

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN68417

Amount of Each Receipt this Period

1100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 52 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**Mr Thomas Pappas**

Mailing Address 4808 S Arden Ave

City	State	Zip Code
Sioux Falls	SD	57103-5246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

265

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72644

Amount of Each Receipt this Period

40

B. Full Name (Last, First, Middle Initial)  
**Mr Thomas Pappas**

Mailing Address 4808 S Arden Ave

City	State	Zip Code
Sioux Falls	SD	57103-5246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

365

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72645

Amount of Each Receipt this Period

100

C. Full Name (Last, First, Middle Initial)  
**Mr Nelson Payne**

Mailing Address 37119 Saber Ct

City	State	Zip Code
Greenbackville	VA	23356-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**Retired**

Occupation  
**Retired**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

675

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73363

Amount of Each Receipt this Period

25

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

165.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 53 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**Full Name (Last, First, Middle Initial)  
**A. Mr Harold Pewitt**

Mailing Address 909 Cottonwood St

City	State	Zip Code
Woodland	CA	95695-4314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74358

Amount of Each Receipt this Period

40

Full Name (Last, First, Middle Initial)  
**B. Mr Stephen Pinterich**

Mailing Address 27 Hoover Ave

City	State	Zip Code
Bloomfield	NJ	07003-5226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

208

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73730

Amount of Each Receipt this Period

208

Full Name (Last, First, Middle Initial)  
**C. Phyllis Pohl**

Mailing Address 10510 Laurel Estates Ln

City	State	Zip Code
Lake Worth	FL	33449-8639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

244

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73308

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

298.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 54 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Phyllis Pohl</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 10510 Laurel Estates Ln		<b>Transaction ID : SA11Ai-CN73415</b>	
City Lake Worth	State FL	Zip Code 33449-8639	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 294		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Phyllis Pohl</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 10510 Laurel Estates Ln		<b>Transaction ID : SA11Ai-CN73731</b>	
City Lake Worth	State FL	Zip Code 33449-8639	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 360		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Phyllis Pohl</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 10510 Laurel Estates Ln		<b>Transaction ID : SA11Ai-CN73927</b>	
City Lake Worth	State FL	Zip Code 33449-8639	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 435		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		191.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 55 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

A. **MRS Marjorie E Powell**

Mailing Address 265 S Washington St

City

Constantine

State

MI

Zip Code

49042-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN72784

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

B. **MRS Marjorie E Powell**

Mailing Address 265 S Washington St

City

Constantine

State

MI

Zip Code

49042-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74377

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

C. **Ms Elizabeth Quinlan**

Mailing Address 5901 W 107th St Apt 157

City

Overland Park

State

KS

Zip Code

66207-3843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72502

Amount of Each Receipt this Period

150

SUBTOTAL of Receipts This Page (optional).....

300.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 56 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Ms Elizabeth Quinlan**

Mailing Address 5901 W 107th St Apt 157

City

Overland Park

State

KS

Zip Code

66207-3843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73881

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**MR Dennis Ragone**

Mailing Address 374 Marsh Landing Way

City

Venice

State

FL

Zip Code

34292-5316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2014

Transaction ID : SA11Ai-CN72367

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Ms Claire Rains**

Mailing Address 420 41st Ave

City

San Francisco

State

CA

Zip Code

94121-1512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

345

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73309

Amount of Each Receipt this Period

60

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

360.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 57 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MRS Teresa A Regard**

Mailing Address 720 E Cherry Ln

City

Arlington Heights

State

IL

Zip Code

60004-3217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72481

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Quentin Remein**

Mailing Address 18 Wynkoop Ct

City

Bethesda

State

MD

Zip Code

20817-5936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SA11Ai-CN73256

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mr Richard G Robertson**

Mailing Address 10510 Clipper Dr

City

Fairfax Station

State

VA

Zip Code

22039-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

312

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73286

Amount of Each Receipt this Period

208

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

558.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 58 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Thomas Rogers</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>17</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		17		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
05		17		2014									
Mailing Address 106 W Maple Tree Dr		<b>Transaction ID : SA11Ai-CN68408</b>											
City Westampton	State NJ	Zip Code 08060-9600											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50											
Name of Employer NONE	Occupation RETIRED												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 525												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Thomas Rogers</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		24		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
05		24		2014									
Mailing Address 106 W Maple Tree Dr		<b>Transaction ID : SA11Ai-CN71826</b>											
City Westampton	State NJ	Zip Code 08060-9600											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50											
Name of Employer NONE	Occupation RETIRED												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 575												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Thomas Rogers</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		01		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
06		01		2014									
Mailing Address 106 W Maple Tree Dr		<b>Transaction ID : SA11Ai-CN72345</b>											
City Westampton	State NJ	Zip Code 08060-9600											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100											
Name of Employer NONE	Occupation RETIRED												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 675												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		200.00											
<b>TOTAL</b> This Period (last page this line number only).....													

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 59 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas Rogers**  
 Mailing Address 106 W Maple Tree Dr

City State Zip Code  
 Westampton NJ 08060-9600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700

Date of Receipt

M M / D D / Y Y Y Y  
 06 30 2014

Transaction ID : SA11Ai-CN72396

Amount of Each Receipt this Period

25

**B.** Full Name (Last, First, Middle Initial)  
**Mrs Nancy Rolfs**  
 Mailing Address 4201 Lakeside Ave N

City State Zip Code  
 Brooklyn Center MN 55429-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M / D D / Y Y Y Y  
 06 06 2014

Transaction ID : SA11Ai-CN74302

Amount of Each Receipt this Period

75

**C.** Full Name (Last, First, Middle Initial)  
**Mr Joseph Rosamilia**  
 Mailing Address 600 Jefferson Ave Apt 7

City State Zip Code  
 Avon By The Sea NJ 07717-1040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Securitas

Occupation  
 Security Guard

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M / D D / Y Y Y Y  
 05 27 2014

Transaction ID : SA11Ai-CN73311

Amount of Each Receipt this Period

200

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 60 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Robert W Rosene**

Mailing Address 2550 38th Ave NE Unit 211

City

Minneapolis

State

MN

Zip Code

55421-5037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

225

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73758

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mr Robert W Rosene**

Mailing Address 2550 38th Ave NE Unit 211

City

Minneapolis

State

MN

Zip Code

55421-5037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73957

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**MISS Fannie M Rosta SR**

Mailing Address 215 Passaic Ave Apt 5j

City

Passaic

State

NJ

Zip Code

07055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72520

Amount of Each Receipt this Period

30

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

130.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 61 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MISS Fannie M Rosta SR**  
 Mailing Address 215 Passaic Ave Apt 5j

City State Zip Code  
 Passaic NJ 07055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

240

Date of Receipt

M M / D D / Y Y Y Y  
 06 02 2014

Transaction ID : SA11Ai-CN73858

Amount of Each Receipt this Period

30

**B.** Full Name (Last, First, Middle Initial)  
**MISS Fannie M Rosta SR**  
 Mailing Address 215 Passaic Ave Apt 5j

City State Zip Code  
 Passaic NJ 07055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

255

Date of Receipt

M M / D D / Y Y Y Y  
 06 02 2014

Transaction ID : SA11Ai-CN73859

Amount of Each Receipt this Period

15

**C.** Full Name (Last, First, Middle Initial)  
**Mr John Ryan**  
 Mailing Address 200 Ocean Lane Dr Apt 1002

City State Zip Code  
 Key Biscayne FL 33149-1420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
 06 09 2014

Transaction ID : SA11Ai-CN74417

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

545.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 62 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr. Christopher Schiavone**

Mailing Address 7 Carton Rd

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RDC Golf Group

Occupation

President

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2014

Transaction ID : SA11Ai-CN72453

Amount of Each Receipt this Period

-1300

Returned Check

Full Name (Last, First, Middle Initial)

**Mrs Barbara P Scidmore**

Mailing Address 5013 Dorsett Dr

City

Madison

State

WI

Zip Code

53711-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN72882

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Mr Paul H Seidenstucker**

Mailing Address 10790 Rose Ave Unit 106

City

Los Angeles

State

CA

Zip Code

90034-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN72777

Amount of Each Receipt this Period

200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

-1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 63 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MR John J Sieffert JR**

Mailing Address 740 Randall Dr

City

Troy

State

MI

Zip Code

48085-4853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72472

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Mr Paul Singer**

Mailing Address 1708 Locust St

City

Philadelphia

State

PA

Zip Code

19103-6107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FINANCE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN71851

Amount of Each Receipt this Period

350

Full Name (Last, First, Middle Initial)

**MR Robert Steele**

Mailing Address 10210 Stone School Rd

City

Prospect

State

KY

Zip Code

40059-9548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SA11Ai-CN72710

Amount of Each Receipt this Period

75

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

525.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 64 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas A Stevenson Jr.**

Mailing Address 1032 Hedding-jacksonville Rd

City Bordentown	State NJ	Zip Code 08505
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Federal Government	Occupation Facilities Planning
--	-----------------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 500

Date of Receipt

M M / D D / Y Y Y Y
05 / 24 / 2014

Transaction ID : SA11Ai-CN72255

Amount of Each Receipt this Period

500
-----

**B.** Full Name (Last, First, Middle Initial)  
**Sylvia N Strauss**

Mailing Address 315 Wearimus Rd

City Hohokus	State NJ	Zip Code 07423
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Designer
--------------------------	------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 350

Date of Receipt

M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11Ai-CN72233

Amount of Each Receipt this Period

350
-----

**C.** Full Name (Last, First, Middle Initial)  
**MR David Stumbaugh**

Mailing Address 7623 Hayfield Rd

City Alexandria	State VA	Zip Code 22315-4034
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
 300

Date of Receipt

M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11Ai-CN73420

Amount of Each Receipt this Period

53
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**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

903.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 65 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR Donald E Switzer**  
 Mailing Address 455 Laughbaum Dr

City State Zip Code  
 Galion OH 44833-1037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

210

Date of Receipt

M M / D D / Y Y Y Y  
 06 02 2014

Transaction ID : SA11Ai-CN73894

Amount of Each Receipt this Period

70

**B.** Full Name (Last, First, Middle Initial)  
**Mr Patrick Terry**  
 Mailing Address 4 Ellington Dr

City State Zip Code  
 Columbus NJ 08022-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650

Date of Receipt

M M / D D / Y Y Y Y  
 05 27 2014

Transaction ID : SA11Ai-CN72268

Amount of Each Receipt this Period

200

**C.** Full Name (Last, First, Middle Initial)  
**Mr James J Thompson**  
 Mailing Address 1720 Archuleta Dr NE

City State Zip Code  
 Albuquerque NM 87112-4859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Retired

Occupation  
 Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M / D D / Y Y Y Y  
 05 19 2014

Transaction ID : SA11Ai-CN73636

Amount of Each Receipt this Period

500

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

770.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 66 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MRS Marina Timmermans**

Mailing Address 1703 Main St

City

Lynden

State

WA

Zip Code

98264-9115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

315

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73317

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**MR Raymond G Tobin**

Mailing Address PO Box 710218

City

San Diego

State

CA

Zip Code

92171-0218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11Ai-CN72475

Amount of Each Receipt this Period

300

Full Name (Last, First, Middle Initial)

**MR Raymond G Tobin**

Mailing Address PO Box 710218

City

San Diego

State

CA

Zip Code

92171-0218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : SA11Ai-CN74710

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 67 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MR Raymond G Tobin**

Mailing Address PO Box 710218

City

San Diego

State

CA

Zip Code

92171-0218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74731

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mr Bruce Townsend**

Mailing Address 701 Oak Ln

City

Franklin Lakes

State

NJ

Zip Code

07417-2308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN72442

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**MR E Lloyd Treadgold**

Mailing Address 1025 Anza St

City

San Francisco

State

CA

Zip Code

94118-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

355

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN72828

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 68 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MR E Lloyd Treadgold**

Mailing Address 1025 Anza St

City

San Francisco

State

CA

Zip Code

94118-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

405

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73734

Amount of Each Receipt this Period

50

Full Name (Last, First, Middle Initial)

**Mr Robert Tritsch**

Mailing Address 31 Winchester Oval

City

New Rochelle

State

NY

Zip Code

10805-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Transaction ID : SA11Ai-CN73098

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**Mrs Margaret Turiello**

Mailing Address 678 Foothill Rd

City

Bridgewater

State

NJ

Zip Code

08807-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

255

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN72432

Amount of Each Receipt this Period

50

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 69 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial)  
**MS Betty G Tway**

Mailing Address 9601 Southbrook Dr Apt S315

City State Zip Code  
Jacksonville FL 32256-0811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

205

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : SA11Ai-CN74163

Amount of Each Receipt this Period

10

B. Full Name (Last, First, Middle Initial)  
**MR John Valerius**

Mailing Address 1909 Canterbury St

City State Zip Code  
Irving TX 75062-3551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73934

Amount of Each Receipt this Period

50

C. Full Name (Last, First, Middle Initial)  
**MS Helen Von Quintus**

Mailing Address PO Box 151685

City State Zip Code  
Austin TX 78715-1685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN73787

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

160.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 70 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Roy Wagner**

Mailing Address **2824 Wesley Ave**

City **Ocean City** State **NJ** Zip Code **08226-2342**

FEC ID number of contributing federal political committee. **C**

Name of Employer **None** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **750**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11Ai-CN74726

Amount of Each Receipt this Period

250
-----

**B.** Full Name (Last, First, Middle Initial)  
**MR Calvin E Wahl**

Mailing Address **131 Fuhrman Ave**

City **Ramsey** State **NJ** Zip Code **07446-2252**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **253**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2014

Transaction ID : SA11Ai-CN73585

Amount of Each Receipt this Period

53
----

**C.** Full Name (Last, First, Middle Initial)  
**MR Calvin E Wahl**

Mailing Address **131 Fuhrman Ave**

City **Ramsey** State **NJ** Zip Code **07446-2252**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **303**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SA11Ai-CN72434

Amount of Each Receipt this Period

50
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**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

353.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 71 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR J D Walker**

Mailing Address 6917 Bal Lake Dr

City Fort Worth	State TX	Zip Code 76116-8017
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**213**

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11Ai-CN72577

Amount of Each Receipt this Period

30
----

**B.** Full Name (Last, First, Middle Initial)  
**MR J D Walker**

Mailing Address 6917 Bal Lake Dr

City Fort Worth	State TX	Zip Code 76116-8017
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**243**

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11Ai-CN73793

Amount of Each Receipt this Period

30
----

**C.** Full Name (Last, First, Middle Initial)  
**MS Margaret T Walker**

Mailing Address 30137 Avenida Tranquila

City Rancho Palos Verdes	State CA	Zip Code 90275-4516
-----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**240**

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11Ai-CN72665

Amount of Each Receipt this Period

80
----

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

140.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**MR James Walsh**

Mailing Address 103 Mineral Springs Rd

City

Highland Mills

State

NY

Zip Code

10930-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

Transaction ID : SA11Ai-CN72963

Amount of Each Receipt this Period

200

Full Name (Last, First, Middle Initial)

**MR James Walsh**

Mailing Address 103 Mineral Springs Rd

City

Highland Mills

State

NY

Zip Code

10930-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN73369

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**MR James Walsh**

Mailing Address 103 Mineral Springs Rd

City

Highland Mills

State

NY

Zip Code

10930-6228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SA11Ai-CN71877

Amount of Each Receipt this Period

100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**A. Full Name (Last, First, Middle Initial)  
**Mr. John Walsh**

Mailing Address 125 Saw Mill Rd

City	State	Zip Code
North Haledon	NJ	07508-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

255

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2014

Transaction ID : SA11Ai-CN72387

Amount of Each Receipt this Period

35

B. Full Name (Last, First, Middle Initial)  
**Gina M Weaver**

Mailing Address 4 Clarendon Ct

City	State	Zip Code
West Windsor	NJ	08550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PfizerOccupation  
Accountant

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : SA11Ai-CN71845

Amount of Each Receipt this Period

1000

C. Full Name (Last, First, Middle Initial)  
**Thomas Weinschenker**Mailing Address 10211 NE Montgomery Blvd  
Suite 1

City	State	Zip Code
Albuquerque	NM	87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : SA11Ai-CN71969

Amount of Each Receipt this Period

250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1285.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 74 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr Albert E Whitehead**

Mailing Address 3214 E 73rd St

City  
 Tulsa

State  
 OK

Zip Code  
 74136-5927

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 15 2014

Transaction ID : SA11Ai-CN72478

Amount of Each Receipt this Period

100

Full Name (Last, First, Middle Initial)

**John Wiley**

Mailing Address 1508 Sheepford Rd

City  
 Mechanicsburg

State  
 PA

Zip Code  
 17055

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 A chemical company

Occupation  
 A sales engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2014

Transaction ID : SA11Ai-CN72135

Amount of Each Receipt this Period

250

Full Name (Last, First, Middle Initial)

**Mr Joe Yee**

Mailing Address 5960 Lake Crest Way

City  
 Sacramento

State  
 CA

Zip Code  
 95822-3306

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 06 06 2014

Transaction ID : SA11Ai-CN74311

Amount of Each Receipt this Period

100

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 75 OF 155

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ivan Zuckerman**

Mailing Address 5252 Oak Ln

City State Zip Code  
Coral Gables FL 33156-3437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt

M M	D D	Y Y Y Y
05	30	2014

**Transaction ID : SA11Ai-CN72018**

Amount of Each Receipt this Period

1000

**B.** Full Name (Last, First, Middle Initial)  
**OceanviewTitle Agency LLC**

Mailing Address 617 Union Ave Ste 13

City State Zip Code  
Brielle NJ 08730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Occupation

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300

Date of Receipt

M M	D D	Y Y Y Y
06	07	2014

**Transaction ID : SA11Ai-CN72389**

Amount of Each Receipt this Period

300

SEE MEMO ITEM BELOW

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Buckelew**

Mailing Address 614 Oceanview Rd

City State Zip Code  
Brielle NJ 08730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COMMERCE INSURANCE SERVICES INSURANCE

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
300

Date of Receipt

M M	D D	Y Y Y Y
06	07	2014

**Transaction ID : SA11Ai-CN72390**

Amount of Each Receipt this Period

300

Partnership-OceanviewTitle Agency LLC

**[MEMO ITEM]**  
\$300.00 MEMO Partnership Attributed**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1300.00

43896.83

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☒ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rahway Republican City Committee**

Mailing Address 1169 Jefferson Ave

City State Zip Code  
 Rahway NJ 07065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

65

Date of Receipt

M M / D D / Y Y Y Y  
 05 27 2014

Transaction ID : SA11B-CN72279

Amount of Each Receipt this Period

65

**B.** Full Name (Last, First, Middle Initial)  
 Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
 Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

65.00

65.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Sarah PAC**

Mailing Address PO Box 7711

City  
Arlington

State  
VA

Zip Code  
22207

FEC ID number of contributing  
federal political committee.

**C** C00458588

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2014

Transaction ID : SA11C-CN72408

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

**Our Country Deserves Better PAC**

Mailing Address PO Box 984

City  
Willows

State  
CA

Zip Code  
95988

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2014

Transaction ID : SA11C-CN72418

Amount of Each Receipt this Period

5000

Full Name (Last, First, Middle Initial)

**Conservative Campaign Committee**

Mailing Address 976 Pacific Ave

City  
Willows

State  
CA

Zip Code  
95988-9788

FEC ID number of contributing  
federal political committee.

**C** C00495010

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M / D D / Y Y Y Y  
06 / 01 / 2014

Transaction ID : SA11C-CN72393

Amount of Each Receipt this Period

1000

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

11000.00

11000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 78 OF 155

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Mr. Steven M Lonegan**

Mailing Address 33 Morton Dr

City

Lavallette

State

NJ

Zip Code

08735

FEC ID number of contributing  
federal political committee.**C** H8NJ09088Name of Employer  
CandidateOccupation  
None

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2600

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2014

Transaction ID : SA11D-CN72454

Amount of Each Receipt this Period

-2400

Returned Check

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

-2400.00

**TOTAL** This Period (last page this line number only).....

-2400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial) <b>Mr Steven Lonegan</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>212 Larch Ave</b>		<b>Transaction ID : SA13a-LN11</b>
City <b>Bogota</b>	State <b>NJ</b>	
Zip Code <b>07603</b>	FEC ID number of contributing federal political committee. <b>C H8NJ09088</b>	Amount of Each Receipt this Period <b>100000</b>
Name of Employer <b>None</b>	Occupation <b>Candidate</b>	Loan
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>100000</b>	

Full Name (Last, First, Middle Initial) <b>Mr Steven Lonegan</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 23 / 2014</b>
Mailing Address <b>212 Larch Ave</b>		<b>Transaction ID : SA13a-LN13</b>
City <b>Bogota</b>	State <b>NJ</b>	
Zip Code <b>07603</b>	FEC ID number of contributing federal political committee. <b>C H8NJ09088</b>	Amount of Each Receipt this Period <b>100000</b>
Name of Employer <b>None</b>	Occupation <b>Candidate</b>	Loan
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>100000</b>	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For:	Election Cycle-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>200000.00</b>

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 80 OF 155

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**Base Connect Inc**

Mailing Address 1155 15th St NW Ste 410

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐

Primary

☐

General

☒

Other (specify)

General Debt 2014

Election Cycle-to-Date

25100.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : SA15-RC9

Amount of Each Receipt this Period

25100.59

List Rental Income

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

25100.59

25100.59





**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 1398 Hwy 9

Date of Disbursement

M M	D D	Y Y Y Y
05	19	2014

City	State	Zip Code
Old Bridge	NJ	08875

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17-EX3435

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Bank Fee

State:

District:

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address 1398 Hwy 9

Date of Disbursement

M M	D D	Y Y Y Y
05	19	2014

City	State	Zip Code
Old Bridge	NJ	08875

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17-EX3436

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Bank Fee

State:

District:

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address 1398 Hwy 9

Date of Disbursement

M M	D D	Y Y Y Y
05	23	2014

City	State	Zip Code
Old Bridge	NJ	08875

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17-EX3438

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Bank Fee

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

75.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 1398 Hwy 9

Date of Disbursement

M M	D D	Y Y Y Y
05	23	2014

City	State	Zip Code
Old Bridge	NJ	08875

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17-EX3439

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Bank Fee

State:

District:

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address 1398 Hwy 9

Date of Disbursement

M M	D D	Y Y Y Y
05	23	2014

City	State	Zip Code
Old Bridge	NJ	08875

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17-EX3440

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Bank Fee

State:

District:

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address 1398 Hwy 9

Date of Disbursement

M M	D D	Y Y Y Y
05	23	2014

City	State	Zip Code
Old Bridge	NJ	08875

Amount of Each Disbursement this Period

15.00
-------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17-EX3441

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Bank Fee

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

65.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 1398 Hwy 9

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

City	State	Zip Code
Old Bridge	NJ	08875

Amount of Each Disbursement this Period

15.00
-------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17-EX3442

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Bank Fee

State:

District:

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address 1398 Hwy 9

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

City	State	Zip Code
Old Bridge	NJ	08875

Amount of Each Disbursement this Period

20.00
-------

Purpose of Disbursement  
Bank Fee

001

Transaction ID : SB17-EX3443

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Bank Fee

State:

District:

Full Name (Last, First, Middle Initial)

**C. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

City	State	Zip Code
Minnetonka	MN	55343

Amount of Each Disbursement this Period

5.94
------

Purpose of Disbursement  
Credit Card Fees

001

Transaction ID : SB17-EX3334

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Credit Card Fees

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

40.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

61.95
-------

Transaction ID : SB17-EX3472

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

32.83
-------

Transaction ID : SB17-EX3335

Credit Card Fees

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

38.43
-------

Transaction ID : SB17-EX3336

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

133.21

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

25.77
-------

Transaction ID : SB17-EX3337

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

4.42
------

Transaction ID : SB17-EX3338

Credit Card Fees

Full Name (Last, First, Middle Initial)

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

112.04
--------

Transaction ID : SB17-EX3339

Credit Card Fees

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

142.23

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

19.14
-------

Transaction ID : SB17-EX3340

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

Amount of Each Disbursement this Period

15.58
-------

Transaction ID : SB17-EX3341

Credit Card Fees

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

209.73
--------

Transaction ID : SB17-EX3342

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

244.45

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

155.39
--------

Transaction ID : SB17-EX3343

Credit Card Fees

Full Name (Last, First, Middle Initial)

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

31.85
-------

Transaction ID : SB17-EX3344

Credit Card Fees

Full Name (Last, First, Middle Initial)

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

21.32
-------

Transaction ID : SB17-EX3345

Credit Card Fees

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

208.56
--------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

824.04
--------

Transaction ID : SB17-EX3346

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

97.33
-------

Transaction ID : SB17-EX3347

Credit Card Fees

**C. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

13.59
-------

Transaction ID : SB17-EX3348

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

934.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

0.73
------

Transaction ID : SB17-EX3394

Credit Card Fees

**B. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

1.83
------

Transaction ID : SB17-EX3475

Credit Card Fees

**c. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

265.30
--------

Transaction ID : SB17-EX3395

Credit Card Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

267.86

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Vanco Services LLC**

Mailing Address 12600 Whitewater Dr Ste 200

Date of Disbursement

M M	D D	Y Y Y Y
06	18	2014

City	State	Zip Code
Minnetonka	MN	55343

Purpose of Disbursement  
Credit Card Fees

001

Amount of Each Disbursement this Period

0.73
------

Transaction ID : SB17-EX3396

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Credit Card Fees

State:

District:

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 557 Route 17 South

Date of Disbursement

M M	D D	Y Y Y Y
05	19	2014

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Amount of Each Disbursement this Period

35.06
-------

Transaction ID : SB17-EX3377

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Office Supplies

State:

District:

Full Name (Last, First, Middle Initial)

**c. Staples**

Mailing Address 557 Route 17 South

Date of Disbursement

M M	D D	Y Y Y Y
05	22	2014

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Printing

001

Amount of Each Disbursement this Period

834.60
--------

Transaction ID : SB17-EX3378

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Printing

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

870.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

19.97
-------

Transaction ID : SB17-EX3379

Office Supplies

**B. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

62.17
-------

Transaction ID : SB17-EX3447

Office Supplies

**C. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

31.30
-------

Transaction ID : SB17-EX3448

Office Supplies

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

113.44
--------

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

112.33
--------

Transaction ID : SB17-EX3449

Office Supplies

**B. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

10.69
-------

Transaction ID : SB17-EX3450

Office Supplies

**C. Staples**

Full Name (Last, First, Middle Initial)

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

14.74
-------

Transaction ID : SB17-EX3451

Office Supplies

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

137.76

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

663.94
--------

Transaction ID : SB17-EX3421

Postage

**B. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
PO Box Rental

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

64.00
-------

Transaction ID : SB17-EX3422

PO Box Rental

**c. Treasurer State Of New Jersey**

Mailing Address PO Box 111

City	State	Zip Code
Trenton	NJ	08625

Purpose of Disbursement  
Payroll Taxes

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

579.94
--------

Transaction ID : SB17-EX3385

Payroll Taxes

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

663.93

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Airnet Group Inc.**

Mailing Address P.O. Box 11181

City	State	Zip Code
Chattanooga	TN	37401

Purpose of Disbursement  
Technical Support

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

516.94
--------

Transaction ID : SB17-EX3476

Technical Support

**B. Obed Bazakian**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

1047.45
---------

Transaction ID : SB17-EX3370

Payroll

**c. Obed Bazakian**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

1030.44
---------

Transaction ID : SB17-EX3371

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2594.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Gretchen Hahn**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Fundraising Consulting

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

1039.50
---------

Transaction ID : SB17-EX3372

Fundraising Consulting

**B. Christopher Santora**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

2074.98
---------

Transaction ID : SB17-EX3354

Payroll

**c. Christopher Santora**

Mailing Address 38 E. Ridgewood Avenue #181

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

2074.98
---------

Transaction ID : SB17-EX3355

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5189.46



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

353.30
--------

Transaction ID : SB17-EX3481

Fundraising

Full Name (Last, First, Middle Initial)

**B. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

54.00
-------

Transaction ID : SB17-EX3482

Fundraising

Full Name (Last, First, Middle Initial)

**C. First Virginia Community Bank**

Mailing Address 11325 Random Hills Rd

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Fundraising

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

Amount of Each Disbursement this Period

310.02
--------

Transaction ID : SB17-EX3483

Fundraising

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

717.32

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Nicholas Hladick**

Mailing Address 38 E. Ridgewood Avenue #181

Date of Disbursement

M M	D D	Y Y Y Y
05	19	2014

City	State	Zip Code
Ridgewood	NJ	07450

Amount of Each Disbursement this Period

1179.39
---------

Purpose of Disbursement  
Payroll

001
Category/ Type

**Transaction ID : SB17-EX3368**

Candidate Name

Payroll

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. Nicholas Hladick**

Mailing Address 38 E. Ridgewood Avenue #181

Date of Disbursement

M M	D D	Y Y Y Y
06	02	2014

City	State	Zip Code
Ridgewood	NJ	07450

Amount of Each Disbursement this Period

620.37
--------

Purpose of Disbursement  
Payroll

001
Category/ Type

**Transaction ID : SB17-EX3369**

Candidate Name

Payroll

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**c. Capitol Caging Corp**Mailing Address 504 SHAW ROAD  
SUITE 217

Date of Disbursement

M M	D D	Y Y Y Y
05	28	2014

City	State	Zip Code
STERLING	VA	20166

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Fundraising

001
Category/ Type

**Transaction ID : SB17-EX3480**

Candidate Name

Fundraising

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2299.76

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Capitol Caging Corp**Mailing Address 504 SHAW ROAD  
SUITE 217

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	18	2014

Amount of Each Disbursement this Period

748.00
--------

Transaction ID : SB17-EX3488

Fundraising

**B. Capitol Caging Corp**Mailing Address 504 SHAW ROAD  
SUITE 217

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	25	2014

Amount of Each Disbursement this Period

41.10
-------

Transaction ID : SB17-EX3489

Fundraising

**c. Impact Dialing LLC**

Mailing Address 70 NE Tillamook Street

City Portland State OR Zip Code 97212

Purpose of Disbursement  
Phone Bank

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
06	02	2014

Amount of Each Disbursement this Period

450.00
--------

Transaction ID : SB17-EX3388

Phone Bank

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1239.10
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Impact Dialing LLC**

Mailing Address 70 NE Tillamook Street

City	State	Zip Code
Portland	OR	97212

Purpose of Disbursement  
Phone Bank

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17-EX3389

Phone Bank

**B. Impact Dialing LLC**

Mailing Address 70 NE Tillamook Street

City	State	Zip Code
Portland	OR	97212

Purpose of Disbursement  
Phone Bank

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17-EX3390

Phone Bank

**c. Impact Dialing LLC**

Mailing Address 70 NE Tillamook Street

City	State	Zip Code
Portland	OR	97212

Purpose of Disbursement  
Phone Bank

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17-EX3391

Phone Bank

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Best Buy**

Mailing Address 52 Chambers Bridge Rd

Date of Disbursement

M M	D D	Y Y Y Y
05	16	2014

City	State	Zip Code
Brick	NJ	08723

Amount of Each Disbursement this Period

106.99
--------

Purpose of Disbursement  
Computer Equipment

001

Transaction ID : SB17-EX3407

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Computer Equipment

State:

District:

Full Name (Last, First, Middle Initial)

**B. Century Data Mailing Systems**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

Date of Disbursement

M M	D D	Y Y Y Y
05	15	2014

City	State	Zip Code
WASHINGTON	DC	20005

Amount of Each Disbursement this Period

22737.61
----------

Purpose of Disbursement  
Postage

001

Transaction ID : SB17-EX3477

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Postage

State:

District:

Full Name (Last, First, Middle Initial)

**c. Century Data Mailing Systems**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

Date of Disbursement

M M	D D	Y Y Y Y
06	05	2014

City	State	Zip Code
WASHINGTON	DC	20005

Amount of Each Disbursement this Period

32488.80
----------

Purpose of Disbursement  
Fundraising

001

Transaction ID : SB17-EX3484

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Fundraising

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

55333.40

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Century Data Mailing Systems**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

16877.63
----------

Transaction ID : SB17-EX3485

Fundraising

Full Name (Last, First, Middle Initial)

**B. Century Data Mailing Systems**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

23459.15
----------

Transaction ID : SB17-EX3486

Fundraising

Full Name (Last, First, Middle Initial)

**C. Century Data Mailing Systems**Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

6503.57
---------

Transaction ID : SB17-EX3487

Fundraising

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

46840.35
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Simpkins Escrow LLC**

Mailing Address 29243 St Just Dr

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement  
Fundraising

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

368.69
--------

Transaction ID : SB17-EX3478

Fundraising

**B. Arthur J. Finkelstein & Assoc. Inc.**

Mailing Address 16 North Astor Street

City	State	Zip Code
Irvington	NY	10533

Purpose of Disbursement  
Strategic Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17-EX3323

Strategic Consulting

**C. Arthur J. Finkelstein & Assoc. Inc.**

Mailing Address 16 North Astor Street

City	State	Zip Code
Irvington	NY	10533

Purpose of Disbursement  
Polling

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

6600.00
---------

Transaction ID : SB17-EX3324

Polling

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11968.69

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Campaign Marketing Strategies**

Mailing Address 3240 Wilson Boulevard Suite 202

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

City State Zip Code  
Arlington VA 22201

Amount of Each Disbursement this Period

724.91
--------

Purpose of Disbursement  
Phone Bank

001

**Transaction ID : SB17-EX3351**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Phone Bank

State:

District:

Full Name (Last, First, Middle Initial)

**B. Campaign Marketing Strategies**

Mailing Address 3240 Wilson Boulevard Suite 202

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2014

City State Zip Code  
Arlington VA 22201

Amount of Each Disbursement this Period

3443.16
---------

Purpose of Disbursement  
Robo Calls

001

**Transaction ID : SB17-EX3352**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Robo Calls

State:

District:

Full Name (Last, First, Middle Initial)

**C. Campaign Marketing Strategies**

Mailing Address 3240 Wilson Boulevard Suite 202

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

City State Zip Code  
Arlington VA 22201

Amount of Each Disbursement this Period

4089.14
---------

Purpose of Disbursement  
Teleconferencing Services

001

**Transaction ID : SB17-EX3473**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Teleconferencing Services

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8257.21



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Home Depot**

Mailing Address 1035 Rt 1

Date of Disbursement

M M	D D	Y Y Y Y
05	23	2014

City	State	Zip Code
Edison	NJ	08837

Amount of Each Disbursement this Period

89.19
-------

Purpose of Disbursement  
Signage

001

Transaction ID : SB17-EX3415

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Signage

State: District:

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address 26 E Ridgewood Ave

Date of Disbursement

M M	D D	Y Y Y Y
05	28	2014

City	State	Zip Code
Ridgewood	NJ	07450

Amount of Each Disbursement this Period

48.15
-------

Purpose of Disbursement  
Telecommunications

001

Transaction ID : SB17-EX3410

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Telecommunications

State: District:

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address 26 E Ridgewood Ave

Date of Disbursement

M M	D D	Y Y Y Y
05	30	2014

City	State	Zip Code
Ridgewood	NJ	07450

Amount of Each Disbursement this Period

48.15
-------

Purpose of Disbursement  
Telecommunications

001

Transaction ID : SB17-EX3411

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Telecommunications

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

185.49

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address 26 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Telecommunications

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

37.45
-------

Transaction ID : SB17-EX3412

Telecommunications

**B. Verizon Wireless**

Mailing Address 26 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Telecommunications

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

37.45
-------

Transaction ID : SB17-EX3413

Telecommunications

**C. Verizon Wireless**

Mailing Address 26 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Telecommunications

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

37.45
-------

Transaction ID : SB17-EX3414

Telecommunications

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

112.35

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Holiday Inn Toms River**

Mailing Address 290 Highway 37 E

City	State	Zip Code
Toms River	NJ	08753

Purpose of Disbursement  
Room Rental

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17-EX3374

Room Rental

**B. Holiday Inn Toms River**

Mailing Address 290 Highway 37 E

City	State	Zip Code
Toms River	NJ	08753

Purpose of Disbursement  
Lodging

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

Amount of Each Disbursement this Period

265.98
--------

Transaction ID : SB17-EX3375

Lodging

**C. Holiday Inn Toms River**

Mailing Address 290 Highway 37 E

City	State	Zip Code
Toms River	NJ	08753

Purpose of Disbursement  
Room Rental

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

960.22
--------

Transaction ID : SB17-EX3376

Room Rental

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1476.22

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Elizabeth Curtis**

Mailing Address 5 Halifax Ct

City	State	Zip Code
Marlton	NJ	08053

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

1662.40
---------

Transaction ID : SB17-EX3363

Payroll

Full Name (Last, First, Middle Initial)

**B. Elizabeth Curtis**

Mailing Address 5 Halifax Ct

City	State	Zip Code
Marlton	NJ	08053

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

1622.39
---------

Transaction ID : SB17-EX3364

Payroll

Full Name (Last, First, Middle Initial)

**C. Elizabeth Curtis**

Mailing Address 5 Halifax Ct

City	State	Zip Code
Marlton	NJ	08053

Purpose of Disbursement  
Compliance

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17-EX3365

Compliance

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5784.79

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Service**

Mailing Address PO Box 931000

City	State	Zip Code
Louisville	KY	40293

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

6246.94

Transaction ID : SB17-EX3325

Payroll Taxes

**B. Lakes Office Supply**

Mailing Address 737 Stokes Rd

City	State	Zip Code
Medford	NJ	08055

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

55.64

Transaction ID : SB17-EX3418

Office Supplies

**C. Intuit**

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94043

Purpose of Disbursement  
Payroll Processing Fee

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

66.00

Transaction ID : SB17-EX3419

Payroll Processing Fee

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6368.58

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. William McClintock Associates**

Mailing Address 1583 E 2nd St

City	State	Zip Code
Scotch Plains	NJ	07076

Purpose of Disbursement  
Stationary

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

1009.01
---------

Transaction ID : SB17-EX3474

Stationary

**B. Labels & Lists Inc**

Mailing Address 2500 116th Ave NE #3

City	State	Zip Code
Bellevue	WA	98004

Purpose of Disbursement  
List Acquisition

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

Amount of Each Disbursement this Period

214.00
--------

Transaction ID : SB17-EX3398

List Acquisition

**C. Labels & Lists Inc**

Mailing Address 2500 116th Ave NE #3

City	State	Zip Code
Bellevue	WA	98004

Purpose of Disbursement  
List Acquisition

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

214.00
--------

Transaction ID : SB17-EX3399

List Acquisition

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1437.01

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Charles C Johnson Research Services**

Mailing Address 1986 Verde Vista Dr

City	State	Zip Code
Monterey Park	CA	91754

Purpose of Disbursement  
Media - television

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

1675.00
---------

Transaction ID : SB17-EX3326

Media - television

**B. Charles C Johnson Research Services**

Mailing Address 1986 Verde Vista Dr

City	State	Zip Code
Monterey Park	CA	91754

Purpose of Disbursement  
Research Services

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

6200.00
---------

Transaction ID : SB17-EX3327

Research Services

**C. Creative Direct LLC**

Mailing Address 25 E Main St

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Advertising - Print

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

27983.00
----------

Transaction ID : SB17-EX3318

Advertising - Print

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

35858.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Creative Direct LLC**

Mailing Address 25 E Main St

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Advertising - Print

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

50000.00
----------

Transaction ID : SB17-EX3319

Advertising - Print

**B. Creative Direct LLC**

Mailing Address 25 E Main St

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement  
Advertising - Print

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

45807.00
----------

Transaction ID : SB17-EX3320

Advertising - Print

**C. Alexa Coombs**

Mailing Address 10524 Rosehaven St #111

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

674.89
--------

Transaction ID : SB17-EX3381

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

96481.89



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Alexa Coombs**

Mailing Address 10524 Rosehaven St #111

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

674.89
--------

Transaction ID : SB17-EX3382

Payroll

**B. HostGator.com LLC**Mailing Address 5005 Mitchelldale  
Ste 100

City	State	Zip Code
Houston	TX	77092

Purpose of Disbursement  
Web Hosting

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2014

Amount of Each Disbursement this Period

49.95
-------

Transaction ID : SB17-EX3426

Web Hosting

**c. Strategic Compliance Resources LLC**

Mailing Address 2100 E Katella Ave #408

City	State	Zip Code
Anaheim	CA	92806

Purpose of Disbursement  
Technical Support

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

210.00
--------

Transaction ID : SB17-EX3446

Technical Support

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

934.84

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
See Memo Item Below

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

586.28
--------

Transaction ID : SB17-EX3331

See Memo Item Below

**B. Staples**

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

96.28
-------

Transaction ID : SB17-EX3332

[MEMO ITEM]

**c. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

490.00
--------

Transaction ID : SB17-EX3333

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

586.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

826.19
--------

Transaction ID : SB17-EX3328

Payroll

**B. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
See Memo Items Below

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

5462.27
---------

Transaction ID : SB17-EX3464

See Memo Items Below

**c. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

4833.22
---------

Transaction ID : SB17-EX3465

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6288.46
---------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

20.87
-------

Transaction ID : SB17-EX3466

[MEMO ITEM]

**B. Lowe's**

Mailing Address 2194 Rt 35

City	State	Zip Code
Holmdel	NJ	07733

Purpose of Disbursement  
Signage

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

431.42
--------

Transaction ID : SB17-EX3467

[MEMO ITEM]

**C. Nick's Pizza & Pasta**

Mailing Address 141C Rt. 130 S

City	State	Zip Code
Cinnaminson	NJ	08077

Purpose of Disbursement  
Meals

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

97.48
-------

Transaction ID : SB17-EX3468

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. AC Moore Arts & Crafts**

Mailing Address Eastgate Square

City	State	Zip Code
Mt. Laurel	NJ	08054

Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

4.28
------

Transaction ID : SB17-EX3469

[MEMO ITEM]

**B. Moorestown Community House**

Mailing Address 16 E Main St

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
Room Rental

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

75.00
-------

Transaction ID : SB17-EX3470

[MEMO ITEM]

**C. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

771.67
--------

Transaction ID : SB17-EX3329

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

771.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Constance Murray**

Mailing Address 629 Devon Ave

City Moorestown State NJ Zip Code 08057

Purpose of Disbursement  
See Memo Items Below

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

751.91
--------

Transaction ID : SB17-EX3460

See Memo Items Below

**B. Staples**

Mailing Address 557 Route 17 South

City Paramus State NJ Zip Code 07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

55.61
-------

Transaction ID : SB17-EX3461

[MEMO ITEM]

**c. Lakes Office Supply**

Mailing Address 737 Stokes Rd

City Medford State NJ Zip Code 08055

Purpose of Disbursement  
Printing

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

64.20
-------

Transaction ID : SB17-EX3462

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

751.91
--------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. United States Postal Service**

Mailing Address 143 E Ridgewood Ave

City	State	Zip Code
Ridgewood	NJ	07450

Purpose of Disbursement  
Postage

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

632.10
--------

Transaction ID : SB17-EX3463

**[MEMO ITEM]****B. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
See Memo Items Below

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

164.74
--------

Transaction ID : SB17-EX3456

See Memo Items Below

**c. Macy's**

Mailing Address 400 West Rt 38

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

52.12
-------

Transaction ID : SB17-EX3457

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

164.74
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Sweet Water Bar & Grill**

Mailing Address 10 N Rt 130

City	State	Zip Code
Cinnaminson	NJ	08077

Purpose of Disbursement  
Meals

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

80.55

Transaction ID : SB17-EX3458

[MEMO ITEM]

**B. Staples**

Mailing Address 557 Route 17 South

City	State	Zip Code
Paramus	NJ	07652

Purpose of Disbursement  
Office Supplies

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

32.07

Transaction ID : SB17-EX3459

[MEMO ITEM]

**c. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
Payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17-EX3330

Payroll

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Constance Murray**

Mailing Address 629 Devon Ave

City	State	Zip Code
Moorestown	NJ	08057

Purpose of Disbursement  
See Memo Item Below

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

54.54
-------

Transaction ID : SB17-EX3453

See Memo Item Below

**B. Nick's Pizza & Pasta**

Mailing Address 141C Rt. 130 S

City	State	Zip Code
Cinnaminson	NJ	08077

Purpose of Disbursement  
Meals

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

43.17
-------

Transaction ID : SB17-EX3454

[MEMO ITEM]

**c. Zio's Tuscan Grille**

Mailing Address 202 North Rt 130

City	State	Zip Code
Cinnaminson	NJ	08077

Purpose of Disbursement  
Meals

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

11.37
-------

Transaction ID : SB17-EX3455

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

54.54
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 155

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Google Inc**

Mailing Address 1600 Amphitheatre Parkway

City	State	Zip Code
Mountain View	CA	94043

Purpose of Disbursement  
Advertising - Internet

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17-EX3400

Advertising - Internet

**B. Google Inc**

Mailing Address 1600 Amphitheatre Parkway

City	State	Zip Code
Mountain View	CA	94043

Purpose of Disbursement  
Advertising - Internet

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

85.00
-------

Transaction ID : SB17-EX3401

Advertising - Internet

**c. Google Inc**

Mailing Address 1600 Amphitheatre Parkway

City	State	Zip Code
Mountain View	CA	94043

Purpose of Disbursement  
Advertising - Internet

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

120.56
--------

Transaction ID : SB17-EX3402

Advertising - Internet

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

405.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Multi Media Services Corp**

Mailing Address 915 King St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Advertising - television

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

65000.00
----------

Transaction ID : SB17-EX3316

Advertising - television

**B. Multi Media Services Corp**

Mailing Address 915 King St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Advertising - television

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

70000.00
----------

Transaction ID : SB17-EX3317

Advertising - television

**C. Jamestown Associates**

Mailing Address 5 Mapleton Rd Ste 300

City	State	Zip Code
Princeton	NJ	08540

Purpose of Disbursement  
Production/Yard Signs

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

21853.64
----------

Transaction ID : SB17-EX3322

Production/Yard Signs

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

156853.64

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Thaler Web Solutions LLC**

Mailing Address 158 E River Rd

City	State	Zip Code
Rumson	NJ	07760

Purpose of Disbursement  
Technical Support

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

1800.00
---------

Transaction ID : SB17-EX3358

Technical Support

**B. Timothy Kelly**

Mailing Address PO Box 605

City	State	Zip Code
Waverly	PA	18471

Purpose of Disbursement  
Payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

1702.24
---------

Transaction ID : SB17-EX3359

Payroll

**c. Timothy Kelly**

Mailing Address PO Box 605

City	State	Zip Code
Waverly	PA	18471

Purpose of Disbursement  
Payroll

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

1504.74
---------

Transaction ID : SB17-EX3360

Payroll

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5006.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Timothy Kelly**

Mailing Address PO Box 605

Date of Disbursement

M M	D D	Y Y Y Y
06	20	2014

City State Zip Code  
Waverly PA 18471Purpose of Disbursement  
Payroll

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

700.00
--------

Transaction ID : SB17-EX3361

Payroll

**B. Painter Communications**

Mailing Address 75 Maple St #203

Date of Disbursement

M M	D D	Y Y Y Y
06	15	2014

City State Zip Code  
Conshohocken PA 19428Purpose of Disbursement  
Phone Banks

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

4460.00
---------

Transaction ID : SB17-EX3350

Phone Banks

**C. AmTrust**

Mailing Address 800 Superior Ave E 21st Fl

Date of Disbursement

M M	D D	Y Y Y Y
05	22	2014

City State Zip Code  
Cleveland OH 44114Purpose of Disbursement  
Insurance - Workers Compensation

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

656.00
--------

Transaction ID : SB17-EX3383

Insurance - Workers Compensation

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5816.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Birtwhistle & Livingston Inc.**

Mailing Address 71 E Palisades Ave

City	State	Zip Code
Englewood	NJ	07631

Purpose of Disbursement  
Insurance - Liability

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

732.50
--------

Transaction ID : SB17-EX3380

Insurance - Liability

**B. Hierographics**

Mailing Address 51 Woodthrush Trail

City	State	Zip Code
Medford	NJ	08055

Purpose of Disbursement  
T-Shirts

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

563.20
--------

Transaction ID : SB17-EX3386

T-Shirts

**C. Arent Fox LLP**

Mailing Address 1675 Broadway

City	State	Zip Code
New York	NY	10019

Purpose of Disbursement  
Legal Fees

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17-EX3349

Legal Fees

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6295.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Thomas Campbell**

Mailing Address 444 Commons Bldg D

City	State	Zip Code
Toms River	NJ	08755

Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2014

Amount of Each Disbursement this Period

1200.00
---------

Transaction ID : SB17-EX3366

Rent

Full Name (Last, First, Middle Initial)

**B. Ashby Law PLLC**

Mailing Address 919 Prince St

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Legal Fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2014

Amount of Each Disbursement this Period

2325.00
---------

Transaction ID : SB17-EX3353

Legal Fees

Full Name (Last, First, Middle Initial)

**c. Chase Card Services**

Mailing Address PO Box 15153

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement  
See Memo Item Below

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

1800.00
---------

Transaction ID : SB17-EX3356

See Memo Item Below

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5325.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. American Airlines**Mailing Address PO Box 619616  
MD 5675City State Zip Code  
DFW Airport TX 75261Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

1800.00
---------

Transaction ID : SB17-EX3357

**[MEMO ITEM]****B. Lavallette Ristorante**

Mailing Address 1700 Grand Central

City State Zip Code  
Lavallette NJ 08735Purpose of Disbursement  
Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

283.55
--------

Transaction ID : SB17-EX3392

Meals

**C. IMP Digital Studios**

Mailing Address 120 Rt 17 N

City State Zip Code  
Paramus NJ 07652Purpose of Disbursement  
Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

1700.00
---------

Transaction ID : SB17-EX3362

Production

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1983.55
---------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Pic-a-Lilli Inn**

Mailing Address 866 Rt. 206

City	State	Zip Code
Shamong	NJ	08088

Purpose of Disbursement  
Fundraiser - Food and Beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

635.00
--------

Transaction ID : SB17-EX3384

Fundraiser - Food and Beverage

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

635.00

479154.03

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17-EX3384

Three disbursements that appeared as outstanding debt on the preprimary report were not reported in the original July quarterly report. Because of the overlap in the month of the preprimary report the disbursements had for a time a date prior to May 15 that is they were listed with their invoice date. When the checks cleared and the dates were corrected in the campaign software to match the bank statement it was after the original report had been filed. The disbursements reconcile and match the bank statements and are now reported correctly. They are Gretchen Hahn for \$1039.50 on 5/19; \$586.28 to Conni Murray on 5/19 and \$5000 to Arthur Finkelstein and Associates on 5/15. Thanks!

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 155

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lonegan For Congress**

Full Name (Last, First, Middle Initial)

**A. Steven Lonegan**

Mailing Address 212 Larch Ave

City	State	Zip Code
Bogota	NJ	07603

Purpose of Disbursement  
Forgive loan

Candidate Name

**Steven Lonegan**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

25000.00
----------

Transaction ID : SB19A-LP30

**[MEMO ITEM]**

Forgive loan

**B. Steven Lonegan**

Mailing Address 212 Larch Ave

City	State	Zip Code
Bogota	NJ	07603

Purpose of Disbursement  
Forgive loan

Candidate Name

**Steven Lonegan**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

75000.00
----------

Transaction ID : SB19A-LP29

**[MEMO ITEM]**

Forgive loan

**c. Steven Lonegan**

Mailing Address 212 Larch Ave

City	State	Zip Code
Bogota	NJ	07603

Purpose of Disbursement  
Forgive loan

Candidate Name

**Steven Lonegan**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

50000.00
----------

Transaction ID : SB19A-LP28

**[MEMO ITEM]**

Forgive loan

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 155

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lonegan For Congress

Full Name (Last, First, Middle Initial)

**A. Steven Lonegan**

Mailing Address 212 Larch Ave

City	State	Zip Code
Bogota	NJ	07603

Purpose of Disbursement  
Forgive loan

Candidate Name

Steven Lonegan

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

40000.00
----------

Transaction ID : SB19A-LP27

**[MEMO ITEM]**

Forgive loan

Full Name (Last, First, Middle Initial)

**B. Steven Lonegan**

Mailing Address 212 Larch Ave

City	State	Zip Code
Bogota	NJ	07603

Purpose of Disbursement  
Forgive loan

Candidate Name

Steven Lonegan

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

6500.00
---------

Transaction ID : SB19A-LP23

**[MEMO ITEM]**

Forgive loan

Full Name (Last, First, Middle Initial)

**c. Steven Lonegan**

Mailing Address 212 Larch Ave

City	State	Zip Code
Bogota	NJ	07603

Purpose of Disbursement  
Forgive loan

Candidate Name

Steven Lonegan

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

Amount of Each Disbursement this Period

50000.00
----------

Transaction ID : SB19A-LP26

**[MEMO ITEM]**

Forgive loan

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------

0.00
------

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 133 OF 155

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN5

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Loan forgiven per candidate letter dated 11/24/2014.

Original Amount of Loan

25000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

.00

**TERMS**

Date Incurred

M 01 / D 15 / Y 2014

Date Due

M 12 / D 31 / Y 2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 134 OF 155

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Lonegan For Congress

Transaction ID : SC10-LN6

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Loan forgiven per candidate letter dated 11/24/2014.

Original Amount of Loan

75000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

.00

**TERMS**

Date Incurred

M 01 / D 29 / Y 2014

Date Due

M 12 / D 31 / Y 2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 135 OF 155

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN7

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Loan forgiven per candidate letter dated 11/24/2014.

Original Amount of Loan

50000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

.00

**TERMS**

Date Incurred

M 04 / D 21 / Y 2014

Date Due

M 12 / D 31 / Y 2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ▶

0.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 136 OF 155

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Lonegan For Congress

Transaction ID : SC10-LN8

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Loan forgiven per candidate letter dated 11/24/2014.

Original Amount of Loan

40000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

.00

**TERMS**

Date Incurred

M 04 / D 29 / Y 2014

Date Due

M 12 / D 31 / Y 2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ▶

0.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 137 OF 155

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN9

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Loan forgiven per candidate letter dated 11/24/2014.

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6500

.00

.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 05 /

Y 2014 Y

M 12 /

D 31 /

Y 2014 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 138 OF 155

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN10

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

1/2 of this loan forgiven per candidate letter dated  
11/24/2014.

Original Amount of Loan

100000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M 05 / D 09 / Y 2014

Date Due

M 12 / D 31 / Y 2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 139 OF 155

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN11

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Steven Lonegan

**[PERSONAL FUNDS]**

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Original Amount of Loan

100000

Cumulative Payment To Date

.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M 05 /

D 16 /

Y 2014 Y

Date Due

M 12 /

D 31 /

Y 2014 Y

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 140 OF 155

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN13

Lonegan For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Steven Lonegan

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

212 Larch Ave

City

State

ZIP Code

Bogota

NJ

07603

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000

.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 23 /

Y 2014 Y

M 12 /

D 31 /

Y 2014 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 141 OF 155

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Base Connect Inc.**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH ST NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

1442.93

Transaction ID : SD10-INV1871

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

1442.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Integram**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 22695 Commerce Center Court

City State Zip Code  
Dulles VA 20166

Outstanding Balance Beginning This Period

17651.39

Transaction ID : SD10-INV1877

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

17651.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Legacy Lists Inc - Mgmt**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW

City State Zip Code  
Washington DC 20005

Outstanding Balance Beginning This Period

1721.10

Transaction ID : SD10-INV1879

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

1721.10

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

20815.42

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 142 OF 155

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Legacy Lists Inc - Brokerage**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

5403.74

Transaction ID : SD10-INV3251

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

5403.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Century Data Systems Corp**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

2767.50

Transaction ID : SD10-INV3252

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

2767.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Colortree Marketing Resources**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address PO Box 28960

City State Zip Code  
Henrico VA 23228

Outstanding Balance Beginning This Period

10035.60

Transaction ID : SD10-INV3253

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

10035.60

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

18206.84

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 143 OF 155

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Consolidated Mailing Services**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 504 SHAW ROAD  
SUITE 206

City State

Zip Code

STERLING

VA

20166

Outstanding Balance Beginning This Period

5637.96

Transaction ID : SD10-INV3254

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

5637.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Donor Precision LLC**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1900 N CULPEPER STREET

City State

Zip Code

ARLINGTON

VA

22207

Outstanding Balance Beginning This Period

764.12

Transaction ID : SD10-INV3255

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

764.12

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Treasurer Sate Of Virginia**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 1879

City

State

Zip Code

Richmond

VA

23218

Outstanding Balance Beginning This Period

55.42

Transaction ID : SD10-INV3038

Amount Incurred This Period

.00

Payment This Period

55.42

Outstanding Balance at Close of This Period

.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

6402.08

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 144 OF 155

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Treasurer State Of New Jersey**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 111

City State

Zip Code

Trenton

NJ

08625

Outstanding Balance Beginning This Period

579.94

Transaction ID : SD10-INV3039

Amount Incurred This Period

.00

Payment This Period

579.94

Outstanding Balance at Close of This Period

.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Internal Revenue Service**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 931000

City State

Zip Code

Louisville

KY

40293

Outstanding Balance Beginning This Period

6246.94

Transaction ID : SD10-INV3040

Amount Incurred This Period

.00

Payment This Period

6246.94

Outstanding Balance at Close of This Period

.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Arent Fox LLP**

Nature of Debt (Purpose):

Invoice: Legal Fees

Mailing Address 1675 Broadway

City

State

Zip Code

New York

NY

10019

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10-INV3041

Amount Incurred This Period

.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

0.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 145 OF 155

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(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Painter Communications**

Nature of Debt (Purpose):

Invoice: Phone Banks

Mailing Address 75 Maple St #203

City State

Zip Code

Conshohocken

PA

19428

Outstanding Balance Beginning This Period

4460.00

Transaction ID : SD10-INV3007

Amount Incurred This Period

.00

Payment This Period

4460.00

Outstanding Balance at Close of This Period

.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gretchen Hahn**

Nature of Debt (Purpose):

Invoice: Fundraising Consulting

Mailing Address 38 E. Ridgewood Avenue #181

City State

Zip Code

Ridgewood

NJ

07450

Outstanding Balance Beginning This Period

1039.50

Transaction ID : SD10-INV2983

Amount Incurred This Period

.00

Payment This Period

1039.50

Outstanding Balance at Close of This Period

.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Hierographics**

Nature of Debt (Purpose):

Invoice: T-Shirts

Mailing Address 51 Woodthrush Trail

City

State

Zip Code

Medford

NJ

08055

Outstanding Balance Beginning This Period

563.20

Transaction ID : SD10-INV3036

Amount Incurred This Period

.00

Payment This Period

563.20

Outstanding Balance at Close of This Period

.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

0.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Constance Murray**

Nature of Debt (Purpose):

Invoice: See Memo Item Below

Mailing Address 629 Devon Ave

City State

Zip Code

Moorestown

NJ

08057

Outstanding Balance Beginning This Period

586.28

Transaction ID : SD10-INV3029

Amount Incurred This Period

.00

Payment This Period

586.28

Outstanding Balance at Close of This Period

.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Arthur J. Finkelstein & Assoc. Inc.**

Nature of Debt (Purpose):

Invoice: Strategic Consulting

Mailing Address 16 North Astor Street

City State

Zip Code

Irvington

NY

10533

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10-INV3030

Amount Incurred This Period

.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Strategic Compliance Resources LLC**

Nature of Debt (Purpose):

Invoice: Technical Support

Mailing Address 2100 E Katella Ave #408

City

State

Zip Code

Anaheim

CA

92806

Outstanding Balance Beginning This Period

210.00

Transaction ID : SD10-INV3031

Amount Incurred This Period

.00

Payment This Period

210.00

Outstanding Balance at Close of This Period

.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

0.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Campaign Marketing Strategies**

Nature of Debt (Purpose):

Invoice: Phone Bank

Mailing Address 3240 Wilson Boulevard Suite 202

City State

Zip Code

Arlington

VA

22201

Outstanding Balance Beginning This Period

724.91

Transaction ID : SD10-INV3032

Amount Incurred This Period

.00

Payment This Period

724.91

Outstanding Balance at Close of This Period

.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**AmTrust**

Nature of Debt (Purpose):

Invoice: Insurance - Workers Compensation

Mailing Address 800 Superior Ave E 21st Fl

City State

Zip Code

Cleveland

OH

44114

Outstanding Balance Beginning This Period

656.00

Transaction ID : SD10-INV3033

Amount Incurred This Period

.00

Payment This Period

656.00

Outstanding Balance at Close of This Period

.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Birtwhistle & Livingston Inc.**

Nature of Debt (Purpose):

Invoice: Insurance - Liability

Mailing Address 71 E Palisades Ave

City

State

Zip Code

Englewood

NJ

07631

Outstanding Balance Beginning This Period

732.50

Transaction ID : SD10-INV3034

Amount Incurred This Period

.00

Payment This Period

732.50

Outstanding Balance at Close of This Period

.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

0.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Base Connect Inc.**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH ST NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

30605.27

Transaction ID : SD10-INV3060

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

30605.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Capitol Caging Corp**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 504 SHAW ROAD  
SUITE 217City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

936.03

Transaction ID : SD10-INV3061

Amount Incurred This Period

.00

Payment This Period

500.00

Outstanding Balance at Close of This Period

436.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Colortree Marketing Resources**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address PO Box 28960

City State Zip Code  
Henrico VA 23228

Outstanding Balance Beginning This Period

17912.52

Transaction ID : SD10-INV3063

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

17912.52

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

48953.82

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Donor Precision LLC**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1900 N CULPEPER STREET

City State

Zip Code

ARLINGTON

VA

22207

Outstanding Balance Beginning This Period

1176.61

Transaction ID : SD10-INV3065

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

1176.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Integram**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 22695 Commerce Center Court

City State

Zip Code

Dulles

VA

20166

Outstanding Balance Beginning This Period

20194.93

Transaction ID : SD10-INV3066

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

20194.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Legacy Lists Inc - Mgmt**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW

City

State

Zip Code

Washington

DC

20005

Outstanding Balance Beginning This Period

2440.56

Transaction ID : SD10-INV3068

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

2440.56

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

23812.10

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Simpkins Escrow LLC**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 29243 St Just Dr

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

368.69

Transaction ID : SD10-INV3069

Amount Incurred This Period

.00

Payment This Period

368.69

Outstanding Balance at Close of This Period

.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Century Data Systems Corp**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

4333.74

Transaction ID : SD10-INV3217

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

4333.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Consolidated Mailing Services**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 504 SHAW ROAD  
SUITE 206

City

State

Zip Code

STERLING

VA

20166

Outstanding Balance Beginning This Period

122.26

Transaction ID : SD10-INV3256

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

122.26

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

4456.00

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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PAGE 151 OF 155

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(check only one)☐ 9  
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NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Legacy Lists Inc - Brokerage**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

5793.47

Transaction ID : SD10-INV3257

Amount Incurred This Period

.00

Payment This Period

.00

Outstanding Balance at Close of This Period

5793.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jamestown Associates**

Nature of Debt (Purpose):

Invoice: Production

Mailing Address 5 Mapleton Rd Ste 300

City State Zip Code  
Princeton NJ 08540

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3193

Amount Incurred This Period

1070.00

Payment This Period

.00

Outstanding Balance at Close of This Period

1070.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Treasurer Sate Of Virginia**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 1879

City State Zip Code  
Richmond VA 23218

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3194

Amount Incurred This Period

16.96

Payment This Period

.00

Outstanding Balance at Close of This Period

16.96

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

6880.43

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Treasurer State Of New Jersey**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 111

City State

Zip Code

Trenton

NJ

08625

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3195

Amount Incurred This Period

2424.12

Payment This Period

.00

Outstanding Balance at Close of This Period

2424.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Treasurer State Of New Jersey**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 111

City State

Zip Code

Trenton

NJ

08625

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3196

Amount Incurred This Period

290.10

Payment This Period

.00

Outstanding Balance at Close of This Period

290.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Internal Revenue Service**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address PO Box 931000

City

State

Zip Code

Louisville

KY

40293

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3197

Amount Incurred This Period

276.93

Payment This Period

.00

Outstanding Balance at Close of This Period

276.93

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

2991.15

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
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☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Pennsylvania Department Of Revenue**

Nature of Debt (Purpose):

Invoice: Payroll Taxes

Mailing Address 1 Revenue PI

City State

Zip Code

Harrisburg

PA

17129

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3198

Amount Incurred This Period

48.29

Payment This Period

.00

Outstanding Balance at Close of This Period

48.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Base Connect Inc.**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH ST NW  
SUITE 410

City State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3212

Amount Incurred This Period

5725.37

Payment This Period

.00

Outstanding Balance at Close of This Period

5725.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Legacy Lists Inc - Mgmt**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW

City

State

Zip Code

Washington

DC

20005

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3213

Amount Incurred This Period

2271.37

Payment This Period

.00

Outstanding Balance at Close of This Period

2271.37

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

8045.03

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Simpkins Escrow LLC**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 29243 St Just Dr

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3214

Amount Incurred This Period

375.70

Payment This Period

.00

Outstanding Balance at Close of This Period

375.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Consolidated Mailing Services**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 504 SHAW ROAD  
SUITE 206

City State

Zip Code

STERLING

VA

20166

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3215

Amount Incurred This Period

7644.76

Payment This Period

.00

Outstanding Balance at Close of This Period

7644.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Capitol Caging Corp**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 504 SHAW ROAD  
SUITE 217

City State

Zip Code

STERLING

VA

20166

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3216

Amount Incurred This Period

1564.63

Payment This Period

.00

Outstanding Balance at Close of This Period

1564.63

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

9585.09

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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NAME OF COMMITTEE (In Full)

**Lonegan For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Legacy Lists Inc - Brokerage**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3218

Amount Incurred This Period

2306.91

Payment This Period

.00

Outstanding Balance at Close of This Period

2306.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Integram**

Nature of Debt (Purpose):

Invoice: Fundraising

Mailing Address 22695 Commerce Center Court

City State Zip Code  
Dulles VA 20166

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3259

Amount Incurred This Period

7661.09

Payment This Period

.00

Outstanding Balance at Close of This Period

7661.09

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

9968.00

2) **TOTALS** This Period (last page this line number only) ..... ▶

160115.96

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

160115.96